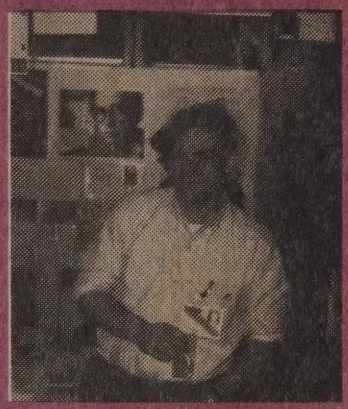
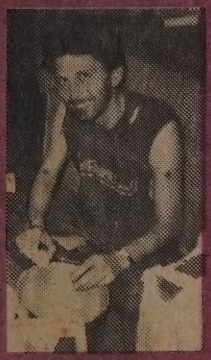
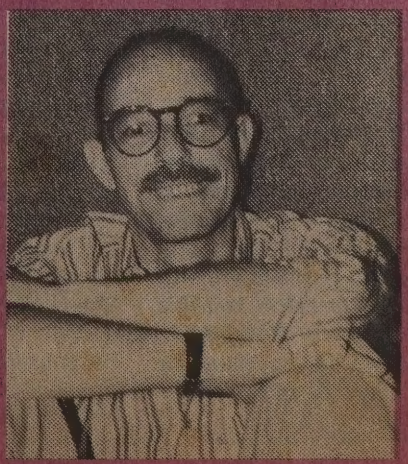
PWA Newsline

People With AIDS Coalition

June 1991 | Published By and For People With AIDS and AIDS Related Conditions | Issue #66







EDITORIAL POLICY

EDITORIAL POLICY: The articles contained in this publication are for information only and do not necessarily constitute an endorsement of any health or exercise regimen or general program or event. The publication of any name or image does not necessarily imply anything about that person's condition of health or sexual orientation. The opinions expressed are those of individual authors and do not necessarily represent official positions of the PWA Coalition, Inc., nor of any members of the Coalition nor of any other organization mentioned herein.

Because we mail the Newsline third class bulk rate, which takes 2 weeks to arrive, the deadline for submission is 4 weeks prior to publication. In other words, an article or ad must be received by July 1st to be published in the September issue. Send letters to the Editor and articles to the above address. **REMEMBER: Keep a copy for yourself.**

We strongly encourage and welcome PWAs, PWArcs and our supporters to send us articles for publication! Please give us a piece of your mind.

REMEMBER:

1. The Newsline will assume you want your real, full name used on anything sent to us for publication unless you clearly indicate that you want your name withheld or a pseudonym used.

2. The Newsline reserves the right to accept or reject any article at its sole discretion and we reserve the right to reprint any article which has appeared in the Newsline, with appropriate credit to the author.

3. Original artwork and photos are welcome. If you have questions about what form is most desirable for publication, contact PWA Coalition at (212) 532-0290.

4. The editor reserves the right to edit any submission for length or style. Every effort will be made to discuss major changes with each author prior to publication. Therefore, it is crucial that you include a telephone number or some other means of being contacted so that any such changes can be discussed.

5. **PLEASE DOUBLE SPACE SUBMISSIONS** and type them or write neatly!

6. POLICY REGARDING MEDICAL MATTERS: The PWA self-empowerment movement was born out of a general distrust of expert-ism. Demystifying what is often the merely obfuscating mumbo-jumbo of experts is a radical instinct which the Newsline would like to encourage in PWAs. PWAs are encouraged to express their own opinions, even about medical matters. The Newsline Editor will use his/her best judgment about potential for harm due to misinformation and will, on a case by case basis, ask other individuals with particular expertise to review the medical claims and comments made in articles. Preference will be given to articles which discuss particular medical decisions made by PWAs and PWArcs and the reasons for those choices. The decision of whether or not to publish any material, including medical information, remains at the sole discretion of the editor. Stylistically, it has been Newsline policy for some time that ``HIV" will be substituted for the phrase ``the AIDS virus." Similarly, ``the HIV antibody test" will be used in place of ``the AIDS test." Text will be edited to differentiate between ``exposure," ``infection" and symptomatic ``disease." The problematic concept of ``HIV disease" will be avoided; where necessary, the phrase ``HIV-associated disease" will be used. Writers are encouraged to be precise, particularly when it comes to medical matters. Citations and references are encouraged, so that readers who question a particular opinion can consult the sources on which that opinion is based.

Newsline recognizes that medical opinions expressed by PWAs will continue to generate controversy precisely because lives are at stake and people are passionately committed to their individual treatment choices. The Newsline will continue to apply its commitment to the principle of diversity of opinion.

7. This Newsline will only be as interesting as you make it. Send us your writing and photos and artwork. Each person's experience of AIDS is unique, but by pooling our coping strategies, we can make the way easier for others. Share your wisdom!

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For subscription information, see page 20.

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IT'S NOT MY FAULT...

Certain credits and footnotes were left out of the May #65 issue of *Newsline*. This editor doesn't do everything on the magazine and I'm not taking the rap for these goofs, but here they are and we can only hope they suffice for our contributors.

— Emmett Underwood's ACT UP/DC condom campaign poster should have been credited with the logo of ACT UP/DC.

— The visual arts magazine *Independent Film and Video Monthly* should have been credited for Ray Navarro and Catherine Saalfield's article, "Not Just Black and White: AIDS, Media and People of Color," July 1989, 12 (6). It was reprinted with permission and we apologize for the omission.

— In "Peptide T: *Tsk, Tsk*," the dosage suggested by Ron Woodruff should have read "5-6 *milligrams*" in the third paragraph of the piece. *-Ed.*

PHOTO CREDITS & LOANS: #66

Suzanne Phillips — Martha Swope
Jane Rosett — Chris Babick
Jim Dance — Alan Clear
Geri Wells

...Photo subjects on p. 17.

EDITORIAL

PWA PRIDE 1991

Statistics — and the sociologists who devise them — are reporting that the numbers of gay men being diagnosed with AIDS or HIV- seropositivity are "leveling off" in comparison to other populations being affected or infected. What that term means is that more people are being diagnosed with AIDS/HIV, not that fewer gay men are being diagnosed. So even as the CDC uses terms that are identity-defining to create statistical analyses, the fact of the matter is that *people* are this population. The humanness of our condition is at stake when identities are used to track the course of this epidemic. It is the recognition of that concept that created the PWA movement in the first place. In 1983 a bunch of rowdy PWAs stormed a plenary session of health care providers and laid down a set of principles that would forever define the way we would think of ourselves. How we continue to define those principles ten years later is up to those individuals who participate in the war against this epidemic. Despite statistical analyses, the *Denver Principles*, the media, your mother, your father, your next door neighbor, or even your lifelong reference points, in a crisis an individual must come to a conclusion about him/herself. That conclusion is one you'll be responsible for the rest of your life, no matter how long or how short. I can only hope it is a peaceful one.

The *Denver Principles* are reprinted here to remind everyone reading this magazine that we have a manifesto. There is a history, there is a present which you have to be in and a part of, and a responsibility to create a future that will affect the methods and opportunities of not only the people with AIDS who come after you or join you, but all of humanity. AIDS is not the problem, the system is the problem and it has to be changed and you have to participate to make it happen.

The many, *many* photos that are presented in this very special issue, the *Pride Issue 1991*, are records of the history of this organized effort by a group of people who were expected to lay down and die. Many of them ultimately did lay down peacefully to die as a direct result of their illness, but not without a storm before they left. These people, my dears, we call heroes. Max Navarre, Griff Gold, Bobby Reynolds, Charles Angel, *et al*, and I knew every one of them I can very proudly say. They influenced the way I hear, see and analyze everything in this community, and the world outside of it that has an irrefutable impact on it. None of them were middle-class gay men. They were artists, clergy, spirited folks who identified themselves as gay and refused to be invalidated by a disease, or anything else for that matter. Because they were proud, loud and out, the epidemic was perceived as affecting exclusively the gay population, despite the facts that have been presented and are now manifest. They never said it was "just a gay disease."

Gay men are still in the principle administrative positions in AIDS organizations and organized efforts creating the direction. This epidemic has empowered the gay and lesbian movement and it has gone forward because this community has embraced the challenge of this epidemic among its people. And as the gay and lesbian community has put the most into efforts towards treatment and human rights, the history of AIDS will always have a lavender hue. It's always been a nice color. So is the rest of the rainbow. Those colors will become more evident in the fight against AIDS as this crisis widens.

I contacted a lot of people to contribute to this issue. People with AIDS, people living with AIDS, people sorely affected by this episode in history that will not be forgotten. *Newsline* was created for that purpose among many others. Craig Washington, a new writer for *Newsline*, explores his perspectives of his community and the realities he knows with a commendable evenness I was grateful to read; Lew Katoff, a long term survivor of an AIDS diagnosis who works in the AIDS community, tells of his experiences working for GMHC; and David Housel from Men of All Colors Together/NY (MACT) writes with poetic turns of MACT's incorporation of AIDS/HIV in their agendas, as does Kebin Nephew, a Native American living in Washington, DC. I also asked people living with AIDS, "PLWAs" as Suzanne Phillips calls herself, to speak to us of their conditions. I could be inundated at this office for such a position because everyone likes to complain, but Suzanne, Florence Rush, and Dixie Beckham's review of "AIDS-Related Psychology," by Mark Winiarski, are clear about the effects of AIDS on their lives. These people are our carepartners, family, health care providers, and possibly the ones who will inherit the legacy of our lives. Wendi Alexis Modeste, another *Newsline* contributor I've been encouraging, surprised me with her article. I know Wendi is a powerful, stubborn advocate for our right to participate and survive, but I also know her fears, like I know John Mangano's view from *Sufferman*'s perspective. I've been there myself. Minneapolis City Councilperson Brian Coyle, who disclosed publicly his HIV diagnosis on TV and in a — somewhat misleading— letter to AIDS organizations, is an example of yet another public person taking responsibility for his individual identity.

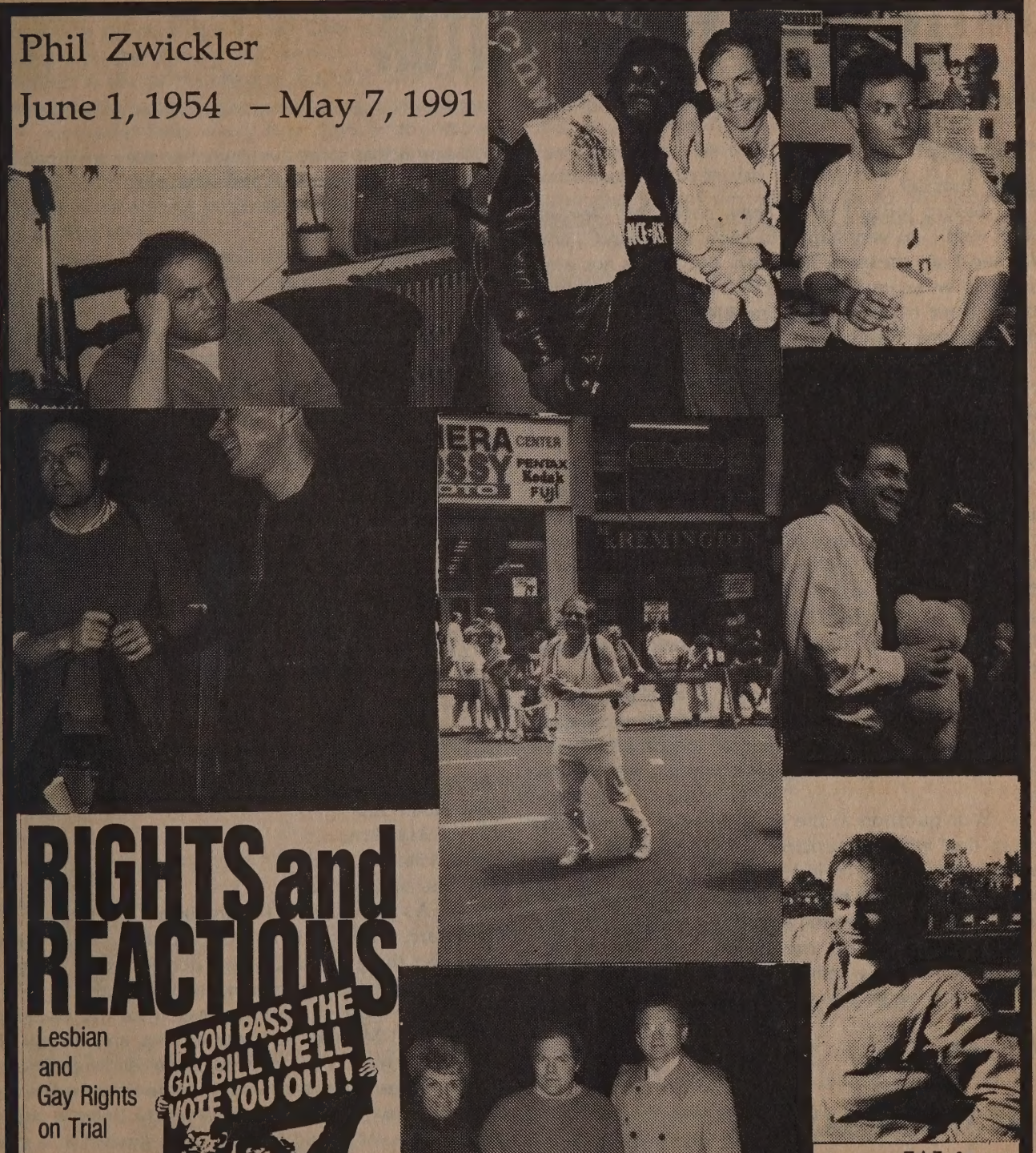
Iris De La Cruz and Phil Zwickler were unable to contribute this month at the time of this writing, which is just before we do the final layout and send it to the printer. Even as I'm writing this paragraph, I'm hoping to be able to take it out.

I have to send my special thanks to Fred and Chuck for their support during this time of history dredging, Chris Babick who was there with me, Jane and Suzanne for sharing with me some special moments. And Mike Merdian, the Executive Director of the National Association of People With AIDS (NAPWA) in Washington, DC, who made a visit here and let me know the battle is just beginning... again.

– Bree Scott-Hartland

Phil Zwickler

June 1, 1954 – May 7, 1991


RIGHTS and REACTIONS
Lesbian and Gay Rights on Trial
IF YOU PASS THE GAY BILL WE'LL VOTE YOU OUT!
A One-Hour Documentary by Phil Zwickler & Jane Lippman

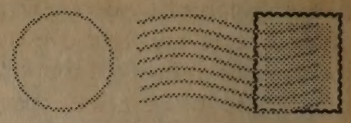
Writer

Journalist

Film Maker

PWAC *Newsline* Editor

LETTERS TO THE EDITOR



SCREWED

Dear Mr. Zwickler,

Before today I never knew about this *Newsline* "PWA." And I am very happy to know it's around. I am a PWA, and I am presently in prison. But that is not why I wanted to write you. March 1991 Issue #63 "editorial note": I want to explain my problem so you'll better understand what I am trying to say.

I have a shoulder injury from years ago and for the last three years it has turned into a chronic problem of dislocations. The prison system sent me to see an orthopedic doctor and I was told I needed surgery to correct my problem.

After my admittance into the hospital for surgery that doctor came to my room and said the surgery would not be performed because of my HIV+ status. At a later date, he told me that "no doctor would put himself or his staff in a position to expose themselves to such a deadly virus." I hate to think that I'll have to live the rest of my life with a "bum shoulder" that a simple operation could have corrected.

We PWAs have needs, we can live full lives too.

I don't fully understand the political controversy. I am somehow caught up in it here at the prison. We are kept away from the general population in a seropositive unit.

Your question in the editorial was "How are we going to deal with this problem?" Well, if anyone has an answer please let us in on it! I have done everything in my power to try and get my shoulder surgery completed. And I am not sure where the blame lies, the institution for not wanting to spend the money? Or the health professionals for not wanting to subject themselves to a PWA? Any way we go we're SCREWED!

Sincerely,
Brian R. Lape

CHIPS AND SALSA!

Dear Chris Babick,

Just a very quick and very informal note to you and your staff... I opened the April issue [#64] of *Newsline* this a.m. and was so moved by Bree Scott-Hartland's article. Of course that is just part of the marvelous job that you all do in providing *Newsline*. I cannot tell you how much I learn and am made to feel as a result of your monthly magazine.

I would like to contribute more than the enclosed, but I thought that it would provide the *Newsline* staff with some munchies some evening when they are working and hankering for some chips and salsa. etc...

Cordially,
Susan Golden

— Thanks, Suz!

WYCHULES' ADVICE

Dear *Newsline*:

Paul Wychules's April column ("Insuring Your Wishes," Issue #64) gave valuable advice. Those who wish to take his advice about medical powers of attorney need no longer be deterred by the lack of explicit recognition of such devices in New York, because New York has finally caught up with the times. By Public Health Law §2980, effective January 18, 1991, you can now appoint a health care "proxy" and an alternate proxy to make medical decisions for you when you are unable to do so yourself.

Very truly yours,
Mark Scherzer

WHAT COST HOMECARE??

Ms. Marion Ratkewitch, General Manager
NMC Homecare
131-25 31st Ave.
Linden Hill, NY 11354

Dear Ms. Ratkewitch:

As you know, I have been a client of NMC Homecare. I think it is appropriate that I inform you of why, after three months, I have decided to no longer use NMC Homecare for my pharmaceutical needs.

The most compelling reason for my decision to stop using NMC was your outrageous and, in my view, unjustifiably high prices for medications and supplies.

It has been more than three years since I was diagnosed with AIDS and I fervently believe that my prognosis is very good for long term survival. It is crucial, therefore, as I receive costly therapy for several AIDS-related conditions that I do all I can to protect my limited life insurance coverage.

In comparing NMC prices charged by several pharmacies in my neighborhood, I found disparities in costs for identical items that are far beyond what I consider necessary and reasonable for the convenience of homecare and the level of service I was receiving from NMC.

To illustrate my point, I have enclosed a

breakdown of what it cost for me to receive a required daily infusion of Cytovene for the treatment of peripheral vision loss in my right eye due to CMV retinitis. The list itemizes several items and shows the enormous differences in the prices charged by NMC and my local pharmacy.

Approximately every four days your company would deliver four prepared doses of the required medication and supplies. The medication is self-infused and requires no nursing professional during the one hour infusion procedure.

Purchasing the medication and supplies from a neighborhood pharmacy and preparing the medication for infusion myself costs $22,991 per year as compared to your cost of $56,799 per year. This represents a savings to my maximum lifetime insurance benefit of an astonishing $33,788 per year! I should also mention that unlike NMC Homecare, my pharmacy will deliver medication and supplies seven days a week.

Nothing you were doing for me at the time I discontinued using your company justifies your egregious costs. Not even, I should add, the claim of your pharmacist that you provide "total care." An assertion I find laughable since I have had to contract and pay separately for much of the nursing needs my treatment has required. Moreover, in spite of my having accrued thousands of dollars of charges over these past months you personally refused my simple request for six intravenous tubes I needed while awaiting my pharmacist's delivery from his supplier. The result of which refusal caused me to miss one day's treatment. Total care, indeed!

I hope to do whatever I can to inform others of my experience with industry homecare practices in general and of your reprehensible operations in particular. You have shown me some of what is most incredibly wrong with health care in this country today, namely, greed. Why else would you charge $8.32 for the catheter injection cap that I am now paying 78 cents for?

Sincerely,
John R. Figueroa
cc: W.R. Grace, Inc. W.R. Grace, CEO
NMC Corporate Hdqtrs. Susan Montouri
NYS Attorney General Robert Abrams
NYC Office of Consumer Affairs
NYS Dept. of Health
U.S. Dept. Health and Human Services
Senator Daniel Moynihan
Rep. Ted Weiss
Senator Lloyd Bentsen
Rep. Bill Green
Senator Alphonse D'Amato

Comparative cost per day to administer by infusion, via Hickman catheter, one dose of Cytovene (350mg in 5% dextrose 100cc):

ITEM	PHARMACY		NMC (homecare co.)	%Increase
Solopak (flush set)	$ 6.21		$16.32	262%
Sterile Water	2.00		9.84	492%
Cytovene (DHPG)	39.35		82.39	209%
Dextrose 5%/H_2O	4.00		22.22	555%
Injection caps	.78		8.32	1066%
[*etc.*]				
	$62.99	<$92.57>	$155.56	

[Newsline *cut the list of items down for space considerations, but it is considerable.*]

[*When* Newsline *contacted Marion Ratkewitch at NMC Homecare for comment, Ms. Ratkewitch, without disclosing the specific condition of the patient, said that the reason for such charges above and beyond the pharmacy charges were for services rendered. "We're not the same as a pharmacy," she declared. NMC mixes the medications and he was paying for these services, she explained, and has "no idea what that pharmacy has to do" for him. Ms. Ratkewitch also said NMC scored high on site visits and received a commendation from the Joint Committee on Accredited Health Care Organizations.* -Ed.]

Whatever the situation, this PWA feels in control of the situation and it is recommended all charges for home care nursing be monitored.

NEWS/ANALYSIS

GIVING THEM A FIGHTING CHANCE

The National Commission on AIDS Reports on HIV Disease in Prisons

June E. Osborn, M.D.

June E. Osborn, MD, Chair of the National Commission on AIDS, said in a press release issued with the recommendations from the Commission on HIV Disease in Correction Facilities, Report #4, that, "By concentrating people at highest behavioral risk of HIV, our prisons and jails could be serving as an exceptional place to achieve public health objectives, and especially in the containment of HIV and substance abuse.

"Unfortunately, instead of using the opportunity to improve the health of prisoners and the public through ready treatment and education, we have been squandering a major public health opportunity," she added.

The Commission's report, citing "the intimate connections between HIV infection, illicit drug use and incarceration," also makes clear that there appears to be negligible transmission within correctional facilities. Still, among those entering the prison system, studies show an infection rate of 2.1% to 5.9% (higher for women) but with some states much higher, such as New York at 17.4%.

...those entering the prison system, studies show an infection rate of 2.1% to 5.9% (higher for women) but with some states much higher, such as New York at 17.4%.

To deal with these issues the Commission has made a series of recommendations to the White House and Congress, including calling for U.S. Public Health Service guidelines for correctional facilities, a clarification of policies on prisoner access to HIV clinical trials, the availability of "treatment on demand" for prisoners in need of drug treatment programs, new studies on the status of incarcerated women and children, and creation of a system like the National Health Service Corps for correctional facilities, among others.

The report also includes a six part model response for correctional facilities that includes guidelines for medical care, voluntary testing and counseling, HIV education, and a release plan for prisoners to provide continuity of care when they return to their communities.

In summary form, the Commission's seven major recommendations are:

1) The U.S. Public Health Service should develop guidelines for the prevention and treatment of HIV disease in all federal, state and local correctional facilities.

2) Federal and state correctional officials should in particular assess and address conditions of confinement, adequacy of health care delivery systems, HIV education programs, and the availability of HIV testing and counseling for incarcerated women, incarcerated youth and children born in custody.

3) A program such as the National Health Service Corps should be created to attract health care providers to work in correctional systems.

4) The Dept. of Health and Human Services should issue a statement clarifying the federal policies on prisoners' access to clinical trials and investigational new drugs.

5) Meaningful drug treatment must be made available on demand inside and outside correctional facilities.

6) Prison officials should ensure that both inmates and correctional staff have access to comprehensive HIV education and prevention programs.

7) Bar associations and entities such as the Federal Judicial Center must establish programs to educate judges, judicial clerks, and court officers about HIV disease.

Gilbert Serrano, a recently released prisoner with AIDS working with the ACT UP Prison Issues Committee and PWAC on prisoners' issues, responded to the report with less than enthusiasm. "What does all this mean? We already knew all of this. It has as much effect [on the Corrections Dept.] as *Newsline* in making changes that would benefit PWAs in prisons."

EXCELLENCE NOTED

Belinda Mason, National Commission on AIDS member, former president of NAPWA, and the founder of the Kentucky People With AIDS Coalition (KIPWAC), was recognized for her fight against AIDS by the mayor of Owensville, Kentucky in 1990.

"I've seen a lot of enlightenment in the community," Belinda told the audience in attendance. "AIDS is leaving the big city and coming home to small towns with people like me."

The Mayor's Award was begun by Owensboro Mayor David Adkisson in 1988 to commend residents who have influenced the community.

Go on, girl! Keep on keeping on.

Belinda Mason

Judy Peabody, with Michael Callen

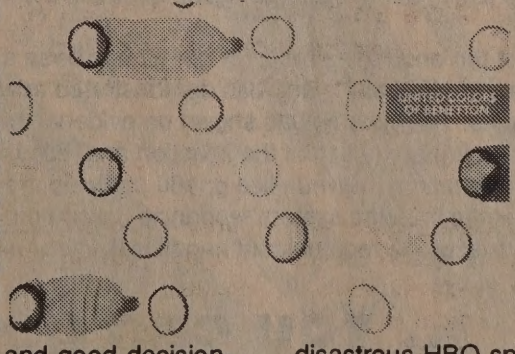
JUDY, JUDY, JUDY

Judith Peabody was honored by the Concerned Parents for AIDS Research for her tireless and dedicated volunteer work for GMHC and other groups. Concerned parents for AIDS Research was founded in 1989 by the parents of Alison Gertz, a PWA, and other parents and has provided grants to AmFAR, CRI-NY, NYU Medical Center, Lenox Hill Hospitals and Beth Israel Hospital, all in NYC.

MONEY + CONDOMS + EDUCATION = PREVENTION

NYC, April 15 — New York City Schools Chancellor Joseph A. Fernandez announced the creation of a new Health and AIDS/HIV Education Fund to support health instruction in the NYC public schools, said a press release issued by the press secretary of the Chancellor's office. John Mack, President of Carter Products, the makers of Trojan condoms, presented a check for $100,000 to the Chancellor at a news conference held on April 15th at the Board of Education in Brooklyn. The new Fund will provide small grants to schools to support student-developed educational projects on health issues including AIDS.

The Chancellor's goal is to raise $1 million by the fall of 1992 to create a permanent, endowed fund to support health education in the New York City Public Schools. This Fund, the press release stated, "will enable schools to enhance existing health education programs aimed at teaching young people about the importance of *healthy lifestyles* [?] and good decision-making skills." (emphasis added)



The New York Community Trust will manage the Fund for the school system. Joyce Bove, V.P. for Programs and Projects, said, "The New York Community Trust and foundations across the country see this initiative as a model for educating people about the dangers of HIV infection. By engaging students in the education process, Chancellor Fernandez has developed one of the most creative and potentially effective strategies for protecting a generation from the *threat of AIDS*." [emphasis added] We could only wish they had thought of this earlier, that the "threat of AIDS" would not be the growing one it is today.

Other corporations and foundations that have made donations or in-kind contributions to the Fund are AmFAR, The United Colors of Benetton apparel company, The Joyce Mertz Gilmore Foundation, and the Aaron Diamond Foundation, as well as the New York Community Trust.

What participation the students will actually have in the development of these educational models remains to be seen. The ideal of empowering students to create the models of education they find most appropriate is an enlightened one, surely, but is also one that could create much political havoc. Chancellor Fernandez said at a special screening of the disastrous HBO special, "First Love, Fatal Love," that a "sketchily" done survey showed that the school districts' participation in condom distribution plans went from some participation to no participation at all. This model program has much to prove yet, including how the perspectives of those of us with AIDS/HIV are perceived by this next generation.

LIVE FROM FLORENCE!

The Physicians Association for AIDS Care (PAAC) will be providing comprehensive television coverage of the 7th International Conference on AIDS from Florence, Italy. The Proctor and Gamble Company has provided a generous grant towards the production costs. "This is the third year that Proctor and Gamble has supported our television coverage of the International AIDS Conference," said Mathew Lefkowitz, MD, who chairs PAAC's television committee.

PAAC will be providing satellite coverage of the conference to participating AIDS Television Network (ATN) subscriber organizations. PAAC's new cable series, "HIV UPDATE," will feature a 1-hour special telecast at various times in July, depending on local participating cable stations.

HIV UPDATE premiered May 9th and has been co-produced with local PAAC chapters and PWA Coalitions across the country. The host of the innovative series will be Dr. Richard McDonald, a Chicago physician and the medical director of the Howard Brown Memorial Clinic, the largest PWA service organization in the Midwest. Many of the features on HIV UPDATE are re-edited from the ATN telecasts broadcasted in the U.S. and Canada at hospitals and Red Cross sites. Special features will be co-produced for the specific cities in which the series is carried.

Each HIV UPDATE program will feature a monthly AIDS news update by Dr. McDonald, who will also introduce various program segments which are targeted to health care professionals, PWAs, and the rest of the public. HIV UPDATE will focus on current standards of care and treatment as well as a variety of social, economic, and legal issues affecting access to appropriate health care. The May premiere featured a panel of PWAs on their experiences with various treatments for thrush. Other topics include a documentary on special issues affecting black gay men with AIDS/HIV, vitamins and minerals, and a demonstration of liquid nitrogen therapy for KS lesions with Clay Cockerell, MD. (That should be fun to watch!)

June will feature more presentations from histoplasmosis with Dr. Robert Murphy, insurance issues for PWAs, and a discussion of quality of life issues with a panel of Washington, DC PWAs.

Stay tuned for more information.

IF U CN RD THS...

The MicroGeneSys AIDS vaccine, VaxSyn HIV-1, contains a proprietary, recombinant form of the human immunodeficiency virus (HIV) gp160 protein, a precursor to the protein that makes up the virus' envelope or outer coat. VaxSyn HIV-1 was the first AIDS vaccine to be cleared by the U.S. Food and Drug Administration for trials in human beings and has so far been tested in more than 300 people at doses ranging from 10 to 1280 micrograms. The vaccine has undergone more advanced testing than any other AIDS vaccine in human trials.

The MicroGeneSys gp160 resembles the virus' own protein in its three-dimensional structure and in its ability to form virus-like particles. These features are believed to be important in eliciting immunological responses that can combat HIV infection. Yet the vaccine itself cannot cause infection because it contains only a small, nonreplicating portion of HIV.

The MicroGeneSys version of the envelope precursor gp160 has been shown to provoke both antibody and cellular immune responses to a variety of HIV strains and has demonstrated advantages over other viral subunits, such as gp120 and certain core proteins. The vaccine has shown no evidence of significant toxicity; its most serious side effects are pain, redness, and swelling at the site of the injection and occasional low-grade fever.

In MicroGeneSys' vaccine preparation, the virus-like gp160 particles are absorbed to alum, an adjuvant commonly used in vaccines that helps the immune system recognize the protein. The vaccine contains at least 95% gp160 protein, a purity level equal to that of the recombinant hepatitis B vaccine that the FDA has licensed.

... You can get a good job!

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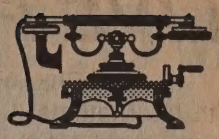
Illustrators, writers, reporters...

LAMBDA CALLING!*



Lambda has embarked on a strategy designed to expand access to care for all people with HIV infection. Lambda hopes to challenge public policies which deny necessary care to people with HIV, including the failure of entitlement programs to deliver early intervention therapies. Much of the guidance in the development of this strategy has come from Jay Lipner, a PWA and a longtime Lambda cooperating attorney with extensive experience in welfare reform and impact litigation on behalf of poor people.

As an opening salvo in this fight for more humane entitlement policies for people with HIV, Lambda and ACT UP/New York have written Dr. Gail Wilensky, administrator of the Health Care Financing Administration, the federal agency responsible for the administration of Medicare and Medicaid, to request a meeting to discuss deficiencies in these programs. Lambda and ACT UP/NY have convened a working group which meets regularly to discuss access-to-care strategies. In addition, Lambda recently filed an *amicus* brief in an appeal before the Fifth Circuit in which Lambda advocated aggressive enforcement by the federal government of a section of the Medicaid act obligating hospitals to provide reasonable medical care to any person with an emergency medical condition, regardless of the patient's ability to pay. Lambda is also co-counsel in a class action lawsuit challenging the federal government's reliance on an inadequate and discriminatory AIDS definition for the determination of Social Security benefits.

In the coming months, Lambda staffers will be meeting with social workers, attorneys, government officials, activists, and people living with HIV to assist in the formation of strategies to challenge illegal and medically indefensible restrictions on government assistance programs. A critical component of this scheme will be the participation of Lambda's many members and cooperating attorneys throughout the country. Lambda encourages its friends to begin to view the realities of our welfare system—elements of which we've long dislike but have come to take for granted—in legal and political terms, and to keep Lambda informed regarding what is actually taking place in local welfare offices and statehouses.

...A critical component of this scheme will be the participation of Lambda's many members and cooperating attorneys throughout the country.

It is, of course, no news that the HIV crisis has merely underscored the fact that the country's health care system is a disgrace. As Dr. David Rogers, vice-chairman of the National Commission on AIDS, recently concluded, "The country is entering a nightmare, and it's the most ill-equipped in the industrialized world to manage it."

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*Excerpted from *AIDS Update*, a publication of the Lambda Legal Defense and Education Fund, Inc. vol. 4 no. 4, March 1991.

PEOPLE OF NEW YORK VS. BORDOWITZ, ET ALL

Photo by: Diana Dietrich

Ten AIDS activists have been put on trial for needle possession. A no-no in New York State. Last year eight members of ACT UP and two members of the National AIDS Brigade were arrested when they set up a needle exchange table on Manhattan's Lower East Side. The ten defendants are Gregg Bordowitz, Velma Campbell, Cynthia Cochran, RichardElovich, Phillip Flores, Debra Levine, Kathryn Otter, Jon Stuen Parker, Monica Pearl, and Dan Keith Williams. The ten were attempting to exchange used needles for new ones to help to prevent the spread of AIDS/HIV. This photo is from a demonstration that took place in front of the Civil Courts building and NYC Dept. of Health on April 8, 1991.

WOMEN & AIDS

Photos by Greg Dorian.

Keynote speakers at the Women and AIDS Conference in Boston, April 19-21, 1991. From left to right: Suki Terada Ports, Director, Family Health Project, NYC; Charon Asetoyer, Director, Native American Women's Health Education Resource Center, Lake Andes, SD; Dazon Dixon, Director, Sisterlove, Atlanta GA.

by *FENWAY*

On April 19-21, 1991, Fenway Community Health Center, which serves the needs of gays and lesbians, held a conference entitled "Women and AIDS: Keeping Women in Focus" at the Westin Hotel in Boston, MA. It was an indication of how far we have come in getting recognition for women and AIDS, that we shared the Westin's conference space with the "Orthopedic Knee Replacement Symposium" and were served vegetables and dip on real china at cocktail hour. Over 700 women attended, most of whom were lesbians and a third of whom were women of color. The conference seemed to be primarily from the perspective of service providers, and each workshop I attended had only its token PWAs—one or two women who self-disclosed, but they weren't the ones who were running the show. The language used by presenters was full of psycho-social lingo which seemed to distance AIDS from the people who spoke, as if to say, this is *their* problem....

This problem aside, presenters at the conference did a good job in placing women's experiences of AIDS in the context of larger issues of women's health care and access to resources. As Dazon Dixon of Sisterlove, in Atlanta GA, said, "HIV has simply magnified the issues that we in the women's struggle have been working on all this time." The most effective workshops in terms of social change were by grass-roots organizers who spoke about programs they initiated in and for their own communities, such as Lisa Gray from Dixwell Opposes Alcoholism. A community-based organization in New Haven, CT, DOA began a "peer education program" which teaches women from different neighborhoods to have "safe sex parties" in their homes, as a means of talking and learning about safe sex practices, while actually *paying* the women for their time (novel concept!).

Many women (providers) from across the nation (Durham NC, Arizona, Tennessee, Vermont) came to gain information, and seemed to be very excited by what they saw. This kind of networking was most important in providing connections for women from less well-informed areas with people who have already-developed, functioning programs.

The conference succeeded in bringing women together, from around the country and internationally, to a forum for information and exchange about women and AIDS. The most important political aspect of the conference was the vote by participants to demand (yet again) that the CDC change the criteria for AIDS-defining illnesses to include the full spectrum of infections that affect women, IVDUs, and children. This action provided a means for unifying PWAs, activists, and service providers to make a demand of the CDC *as women.*

But as a political event that could be used to make a statement about the serious lack of *everything* for women *with* AIDS (health care, information, economic support, access to trials) — it fell short of that goal by emphasizing the knowledge and needs of service providers over the experiences of women PWAs.

Dazon Dixon, Director of Sisterlove, Atlanta GA. Women and AIDS Conference, Boston MA, April 19-21, 1991.

by Susan J. Shaw

'Scu Me, We Got Some Questions: *Newsline* Survey

The responses to this survey by the readership will help the editorial staff in the planning and implementation of future issues. It will also enable us to know our readership better if you feel like telling us who you are and writing to us at the Coalition. Newsline is supported by the NYS AIDS Institute, a government agency, and they also need answers to these questions. Feel free to send in your letter with this survey; Newsline is a forum for opinion, thought and passion. *Your passion.* Thanks.

1. Are you a *(circle one)* **PWA, PWARC, HIV+, care partner, AIDS/Medical Professional, other**
2. Do you subscribe to *Newsline*? **Yes** ____ **No**____
3. If you do not subscribe, do you find it difficult to find *Newsline*? **Y**___ **N**___
4. Do you find Newsline in your (*circle one*) **doctor's office, community center, library, bookstore?**

   If not, then where do you find it? _____
5. How long have you been reading *Newsline*? _____
6. Do you share *Newsline* with friends, family or others? **Y**___ **N**___ If yes, how many? (*approx.*) _____
7. How many AIDS community newsletters or journals do you subscribe to? _____
8. How or where did you get introduced to *Newsline*? (*describe:* hospital, AIDS/HIV counselor, friend, etc.)

   _____
9. If you subscribe, do you receive *Newsline* by the beginning of the month? (*circle one*)

   usually, occasionally, hardly ever, never
10. What would you describe as the most valuable section of *Newsline*? (***Be nice***) _____

    _____
11. Is there anything in *Newsline* you'd like to see more of in future issues? (*please describe*) _____

    _____
12. Have you ever contributed as a writer or otherwise to *Newsline*? **Yes**___ **No**__
13. Is there any section in *Newsline* you find not useful or even disturbing? (*please describe*) _____

    _____
14. Do you (*circle one*) like, dislike, have no feeling about the design/layout of *Newsline*?
15. Is reading and understanding the writing in *Newsline* (*circle one*)

    mostly easy, sometimes difficult, very difficult for you?

Is there anything else you would like to say about *Newsline*?
Please write c/o *Newsline*, 31 W 26th St. 4th Fl. New York, NY 10010.

OTHER NEWSLETTERS, TREATMENT INFORMATION, AND CLINICAL TRIAL INFORMATION ARE AVAILABLE FROM THE FOLLOWING:

AIDS FORUM
pub. by Significant Other, Inc.
PO Box 1545
Canal St. Station,
New York, NY, 10013

AIDS Treatment News (John James, pub.)
PO Box 411256
San Francisco, CA 94141
(415) 255-0588

AIDS Treatment Registry
Info on clinical trials in NY & NJ
PO Box 30234, NY, NY 10011
(212) 268-4196

AMFAR Experimental Treatment Directory
1515 Broadway, Suite 3601
New York, NY, 10036
(212) 719-0033

Bulletin of Experimental Treatments for AIDS (BETA)
San Francisco AIDS Foundation
P.O. Box 6182
San Francisco, CA 94101
(415) 863-AIDS

The Body Positive
(A magazine for sero-positives)
2095 Broadway, Suite 306
New York, NY, 10023
(212) 721-1346

GMHC's Treatment Issues
Dept. of Medical Information
129 W. 20th St.
New York, NY 10011
(212) 807-6655

HEAL Quarterly
PO Box 1103
Old Chelsea Station
New York, NY 10113
(212) 674-HOPE

National Institute of Health
Toll-free Hotline for Federal Government clinical trial info.
1-800-TRIALS-A

Notes From The Underground
PWA Health Group Newsletter
31 West 26th Street
NYC, NY 10010
(212) 532-0280

PI Perspective and **Fact Sheets**
Project Inform
347 Delores St., Suite 301
San Francisco, CA 94110
1-800-822-7422

PWA Coalition Hotline
Staffed by PWA/ARCs
10:00am - 8:00pm EST, Mon-Thurs
10:00am - 6:00pm Friday
(212) 532-0568 (out of NY)1-800-828-3280

Treatment Update
Treatment Info. Exchange, AIDS Action Now!
517 College St, Suite 324
Toronto, Ontario M6G 1A8
CANADA
(416) 944-1916

Vancouver PWA Society Newsletter
1447 Hornby Street
Vancouver, BC Canada V6Z 1W8
(604) 683-3381

Transitions

NEW BLOOD

Hyacinth Foundation, New Jersey's leading AIDS service organization, recently added five new staff members throughout the state to serve more persons affected by AIDS and to expand outreach efforts to special populations.

"We will be able to meet the needs of our clients and to do additional outreach to people with special needs such as advocacy, recreation, or women's issues," said Jacqueline Jones, Hyacinth's Director of Client Services.

New Jersey ranks *fifth* in the country in the number of persons with AIDS, recently exceeding 10,000 cases. New Jersey ranks *first* in the rate of women and children with AIDS.

The new staff members are: Brenda Davis, Essex County Project Coordinator; Annette Silva, who has been promoted to senior outreach worker for Essex County; Michael Fisher, who has been promoted to Peer Education Counselor; Michael Walsh, the new assistant project coordinator, and Miguel Hernandez, outreach coordinator, both for Hudson County; Wallington Hankerson Jr, an HIV counselor at the Plainfield test site; and Bridget Hall, administrative assistant in the Passaic County Project Office.

GM & WHC

The Policy Department of GMHC has recently hired Catherine A. Lynch as a Policy Associate. Her energies will be focused on specific areas of policy including women's and lesbian issues, the City and State budgets and Ryan White CARE Act. "She has been working for GMHC on the CARE Bill legislation and her efforts helped NYC obtain funding for health and human services that will affect all people with HIV. We are excited that she will be continuing to work with GMHC, and improve our focus on women's and lesbian issues," said David Hansell, GMHC Deputy Director of Policy, her new boss.

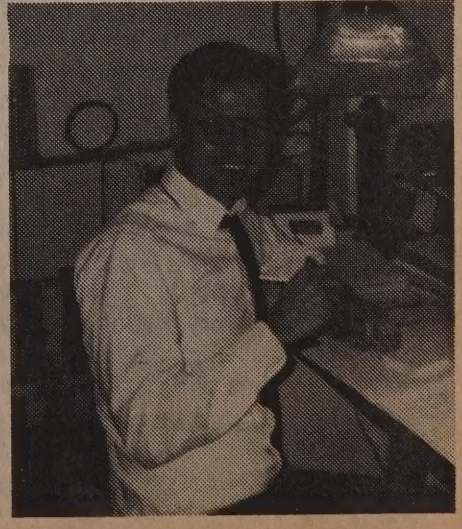
Catherine has been a Buddy with GMHC's Volunteer Corp. since 1988 and says she's thrilled to be working with GMHC's advocacy efforts and the role she can play in women's and lesbian issues. She plans to meet with lesbians working in AIDS and help shape GMHC's Lesbian and AIDS Project including research on the production of safe dental dams and the CDC definition of lesbian...?

Newsline asked Catherine to elaborate on this last issue. She said she will be exploring with the CDC the categories of transmission of AIDS/HIV, and working to make the categories more inclusive of risky practices rather than identity, such as homosexual, heterosexual, lesbian, etc. No more of *those* categories for people—she will also be working with the CDC to develop more compound categories for women and multiple categories for AIDS/HIV transmission. It's an interesting development that David Hansell and Tim Sweeney, GMHC's Executive Director, had spoken about with William Roper, MD, the head of the CDC, and one that *Newsline* will be following for its progress.

Catherine's background in AIDS has been with adolescents at the AIDS and Adolescents Network in New York and with the NYC Office of Management and Budget as Senior Budget Analyst and Associate AIDS Coordinator. She is a graduate of Yale University with a BA in Philosophy. Good choice of majors, Cat. Good job, too, let's see what you do with it. *Go for it!*

MONEY MAN AT PWAC

W. Douglas Wingo has joined the PWAC staff officially as the Director of Development, a position subsidized by the NYS AIDS Institute in many community AIDS organzitions. The intent is to decrease the reliance of contractors on the AIDS Institute as their principle funder. Big job, children, he'll need help. So don't be strangers. Doug will be taking charge to raise the necessary money to meet the over $1 million budget of



More "Transitions"

PWA Coalition. His previous experiences have been in fund raising with the Rhode Island Project/AIDS in Providence and the Rhode Island Youth Guidance Center in Pawtucket and at Brown University. Doug has received his MTS from Harvard and a BA in Fine Art from the College of William and Mary.

He really wants to be an artist, like the rest of us, and is currently working on a project with images of gay male sexuality and Christian icons, for which we know he will not be applying to the National Endowment for the Arts (NEA) for funding. Last May, Doug was in a group show at the Bill Bace Gallery in NYC.

He and his lover, Kevin Kopelson, moved to NYC full-time in March of this year. Kevin is a lawyer who recently received his PhD in English from Brown University with a dissertation titled, "Love's Litany: A Rewriting of Modern Homoerotics." Can you imagine dinner conversations with these two?

Welcome to the frontlines, Doug. Volunteers don't roll pennies in NYC.

MORE JOHN

John Hatchett, PWAC Deputy Director, hated the last photo we printed of him and he was plucked we didn't say he was a PWA. Also to be noted is John's good sense of humor and commitment. He has been known to answer the phone, a la Michael Hirsch, "People with It," and when people ask, "What's 'It'?" He answers, "AIDS—How many crises do you live with?"

PIONEERS IN AIDS:

Aaron Diamond AIDS Research Center

"The first test of AIDS science should be its relevance to the real world of the AIDS epidemic," says Dr. David Ho, Director of the new Aaron Diamond AIDS Research Center for the City of New York.

"We need to reach out to doctors and patients," Dr. Ho said. "Are the AIDS [*sic*] viral strains we're working with in the lab the same as those found in patients? Can we devise tests for AIDS drugs that are quicker, but still based on good science? Those are the kinds of questions we should be asking."

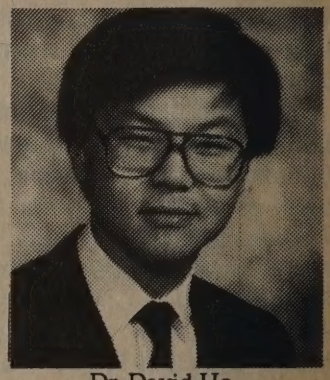
Dr. Ho will be working on those questions, and others, as head of the new Diamond AIDS Center and Professor of Medicine and Microbiology at New York University School of Medicine. He also is co-director of the Center for AIDS Research, a joint project of the Diamond Center and NYU Medical Center.

The Diamond Center, at 455 First Avenue, stands literally across the street from the NYU Medical Center-Bellevue Hospital complex, which cares for one of the nation's largest populations of AIDS patients—and Dr. Ho is determined to build a bridge of cooperation across that street.

Dr. Ho, 38, selected, after a world-wide search, to run the Diamond AIDS Center has been on the cutting edge of AIDS science for the past eight years.

His discovery, widely reported last year, of an accurate technique for measuring the amount of HIV in patients' blood has already led him and his co-workers to new insights. Some of these include:

❍ The presence of at least some resistant AIDS virus (HIV-1) in all patients taking the widely used drug AZT. The level of resistant virus keeps rising as the patients keep taking AZT, limiting the drug's effectiveness;



Dr. David Ho

❍ The failure of a proposed AIDS treatment known as soluble CD4, despite good results in the test tube. Dr. Ho found that the virus strains tested were different from those commonly found in AIDS patients;

❍ An unexpectedly high amount of virus in the body during the first stage of infection, followed by a surprisingly powerful and rapid immune response. It is only over time — often years — that the virus defeats that response.

Comment:

Newsline will be covering the Aaron Diamond AIDS Research Center's progress, or lack of it. Dr. Ho's progressive stance will probably influence the direction of AIDS research, but PWAs can never be certain about political interference. Already, NYU's administration is arguing with the Foundation and Dr. Ho about who (NYU or the Foundation) will be the full recipient of patent residuals on any discoveries made in these labs. We can only wonder what kind of center New York City will be for AIDS research: a center of controversy or of comprehensive research.

CORPS DISCRIMINATION

The Job Corps, a national vocational training program for disadvantaged youths, has for some time had an institutional policy of mandatory testing for HIV of program participants. If, like in the military, the program recruits test seropositive, then they are sent packing. In a story in NY *Newsday*, Catherine Woodard reported on the 1988 lawsuit filed by the Lambda Legal Defense and Education Fund challenging such a policy as discriminatory. The justification for this policy by the Job Corps has been that the participants in the vocational training pro-grams have histories of drug use and are at an age when they are sexually experimental. The Job Corps documents say that mandatory testing is necessary because of "a realistic fear of the spread of the disease."

AIDS organizations have disputed their justifications and reasoned that AIDS education with the option of voluntary, confidential HIV testing should be available. Most of the Job Corps recruits are 18-year old black or latino youths with seventh grade reading levels, from poor families who have typically never held a full-time job. After testing positive, the vocational students are usually kicked out with some cursory counseling and phone numbers for medical clinics and support services, literally dumped back into their communities, scared and alone. Dr. June Osborn, Chair of the National Commission on AIDS, said the Job Corps screening is a hideous assault against these young people because of the inadequate health care available to them from the day of their birth, and the disadvantaged environ-ments they are literally forced to stay in by such a policy that could have been more comprehensive. "The policy has been morally offensive since square one," she said. "It is one of the uglier chapters in our dealing with people we don't value appropriately."

HIV Testing: What Happened to Job Corps entrants who showed an HIV seroprevalence on tests taken from April 1, 1989, to Sept. 30, 1990.

Number Tested	**69,241**
Number Seropositive	**222**
Initial Dispositions	
Retained	**110**
Terminated	**45**
Terminated, AWOL	**22**
Resigned	**36**
Status pending	**9**

Source: Job Corps

Pride Issue Photos **FRONT COVER (L-R):** Gary Mackler; Max Navarre, Michael Hirsch, Michael Calvert, Griff Gold, Joseph Foulon,& Michael Callen; Phil Zwickler. 2nd row: Foster parent and child with AIDS; PWAC staff and volunteers; Wes Cronk. 3rd Row: James Perez, Friends in the crisis; NAPWA Board Members; Rev. Charles Angel. 4th Row: Raymond Jacobs & Vito Russo; Vito Russo; Steve Roach & Suzanne Phillips.
BACK COVER (L-R): ACT UP/NY Women and AIDS Book Group; Jim Marcano & Nilda Pimentel with SIDAhora banner; Simon Watney & Larry Kramer. 2nd Row: Velma Santiago; Ryan White supporters; Kevin Smith; David Summers and Sal Licata. 3rd Row: Bob Olley, Kenny Taub, Van Souter, & Chris Babick; Max Navarre & Sally Fisher; Judy Peabody, Michael Hirsch & Griff Gold (in drag). 4th Row: PWAs in DC; AIDS Theater Project. 5th Row: AIDS Activist; Hans Paul Verhoef & Knud Josephsen; Hector Diaz with lipids; Bill Case and Emilio Filosa.
Pg. 19 (L-R): Tim Sweeney & Chris Babick; Richard Dunne; Steve Beck with NAPWA boardmembers.
Pg. 23 (Down): Nick Glaviano; Fred Finger, Bree Scott-Hartland & Carl Hunt; Stuart Mace; Kevin Joseph & John McIlveen; Frank Cantelmo.
Pg. 26 (L-Down): Tom Hannon: arrests and interviews; needle exchange demo; NYC Health Comm. Woodrow Myers, demo at City Hall; PWAC Living Room, Winter 1989 (lower right).
Pg. 37 (Top-Bottom): Ned Wadhams; present and former PWAC board members: (l-r) Danny Jones, Anne Milano-Tedeschi, Howard Wolman, Larry Gutenberg, Michael Greenberg on floor with Steve Smith & Gary Schwartz; Brian Dionne with Dionne Warwich; (clockwise) Kurt Sarris, David French, Tony Ulloa, and Dearl Waywell.
Pg. 45 (L-R): Barry Gingel, Michael Hirsch, Larry Kramer & Rodger McFarland; Dolly Meieran & Jim Marcano; two PWAs; GLAAD Pride Day 1990 Commemorative postcard.
Pg. 52 (L-R): Jim Revson with Michael Hirsch; David Conover; Michael Callen and Ken Dahl.

C'mon Along--On a Float! **Join the PWA Coalition in the 1991 Gay Pride March "Out, Loud & PROUD" June 30th... Call 212-532-0290 for info.**

THE DENVER PRINCIPLES

1983

Statement from the Advisory Committee
of People with AIDS

We condemn attempts to label us as "victims," a term which implies defeat, and we are only occasionally "patients," a term which implies passivity, helplessness, and dependence upon the care of others. We are "People With AIDS."

RECOMMENDATIONS FOR HEALTH CARE PROFESSIONALS

1. Come out, especially to their patients who have AIDS.
2. Always clearly identify and discuss the theory they favor as to the cause of AIDS, since this bias affects the treatments and advice they give.
3. Get in touch with their feelings (e.g., fears, anxieties, hopes, etc.) about AIDS and not simply deal with AIDS intellectually.
4. Take a thorough personal inventory and identify and examine their own agendas around AIDS.
5. Treat People with AIDS as whole people, and address psychosocial issues as well as biophysical ones.
6. Address the question of sexuality in people with AIDS specifically, sensitively and with information about gay male sexuality in general, and the sexuality of people with AIDS in particular.

RECOMMENDATIONS FOR ALL PEOPLE

1. Support us in our struggle against those who would fire us from our jobs, evict us from our homes, refuse to touch us or separate us from our loved ones, our community or our peers, since available evidence does not support the view that AIDS can be spread by casual, social contact.
2. Not scapegoat people with AIDS, blame us for the epidemic or generalize about our lifestyles.

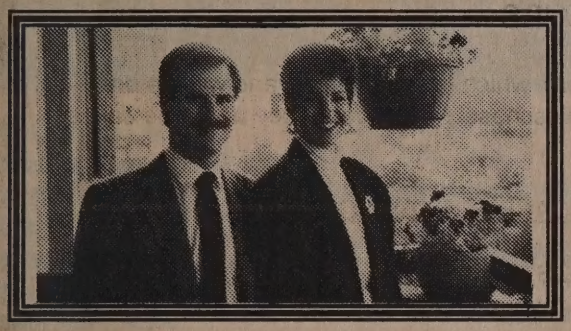
RECOMMENDATIONS FOR PEOPLE WITH AIDS

I. Form caucuses to choose their own representatives, to deal with the media, to choose their own agenda and to plan their own strategies.
2. Be involved at every level of decision-making and specifically serve on the boards of directors of provider organizations.
3. Be included in all AIDS forums with equal credibility as other participants, to share their own experiences and knowledge.
4. Substitute low-risk sexual behaviors for those which could endanger themselves or their partners; we feel that people with AIDS have an ethical responsibility to inform their potential partners of their health status.

RIGHTS OF PEOPLE WITH AIDS

1. To as full and satisfying sexual and emotional lives as anyone else.
2. To quality medical treatment and quality social service provision without discrimination or any form including sexual orientation, gender, diagnosis, economic status or race.
3. To full explanations of all medical procedures and risks, to choose or refuse their treatment modalities, to refuse to participate in research without jeopardizing their treatment and to make informed decisions about their lives.
4. To privacy, to confidentiality of medical records, to human respect and to choose who their significant others are.
5. To die—and to LIVE—in dignity.

FEATURES



Roy's determination and optimism are inspirations to all. He is convinced that he is going to beat this and does not let his illness limit his zest for life. He considers any setback as another challenge to get through.

MY WONDERFUL BROTHER

by Helene Belodoff

Unfortunately, my dear brother Roy has the HIV virus. However, this is not one of those stories about pain and suffering. This is a story about a man with tremendous hope and courage. My brother is a long term AIDS survivor and is truly "living with AIDS."

There is no doubt that this is a terrible debilitating disease, filled with highs and lows. My brother has certainly had his share of the roller coaster ride that is associated with HIV. However, I feel that the reason my brother is "living with AIDS" is because he has a tremendous drive and will to live, has knowledge of his body and of the disease, and has a very large, loving support system.

Roy's determination and optimism are inspirations to all. He is convinced that he is going to beat this and does not let his illness limit his zest for life. He considers any setback as another challenge to get through.

Knowledge of HIV is essential: symptoms, new treatments, or changes in your body whether a muscle strain or a dot in your eye. Roy plays an active role with his doctor and reports any change in his body, no matter how minor it may seem. This is not the time to think of yourself as a hypochondriac. The key to most of the infections is early detection.

There are always new treatments and new drugs being researched. It is important to read everything you can and stay as knowledgeable as your doctor. Do not be afraid or think you are bothering your doctor by asking questions. You and your doctor are a team and he/she should welcome your questions, but remember: it is important to follow the doctor's advice.

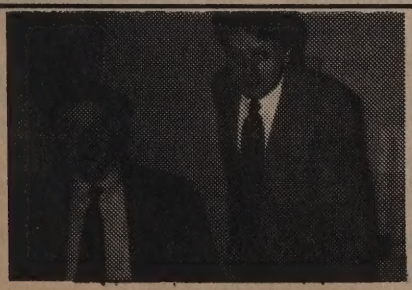
Lastly, my brother has a wonderful support system. His lover of over 10 years is his rock and I am so happy and relieved he is in Roy's life. His family is 3,000 miles away, but we play an active part in following his illness and giving our love and support. Roy gives love to so many people, both family and friends, that having so many people love him back seems easy.

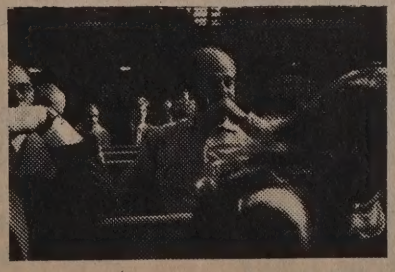
My brother is not afraid to fight for his rights and the rights of other PWAs. He recently complained to his local hospital that there were not enough parking spots for disabled people. It is through his efforts that there are now five parking spots instead of two.

He has also researched any financial benefits allowed to him, from not having to pay a tax on gas, to knowing when to put in the insurance forms for drugs to eliminate out of pocket expenses. He has shared his knowledge and helpful hints with other PWAs.

I love my brother and am so very proud of him.

His loving sister, Helene





WORKING IN AN AIDS ORGANIZATION

by Lew Katoff

I started volunteering at Gay Men's Health Crisis in 1985 and became a full-time staff member, the coordinator of the Buddy Program, in June 1986. I had a great desire for that particular job. I have always liked working in a place where there is a lot of action. Working with volunteers, I saw every day how much they accomplished. I knew that we were making a difference. Working at GMHC also gave me a sense of belonging, which is something I have always sought.

Less than two months after I became a staff member, I was diagnosed with PCP. I decided from the first day that I was not going to be a "patient." In the hospital, I chose to wear street clothes and shower and shave every morning. I only stayed in the hospital for seven days, rather than the routine 21 days for PCP. I also decided, against everyone's advice, to go back to work five days after I left the hospital.

If my life was going to be shortened, I wanted it to be as exciting and stimulating as it had always been. I would have hated sitting at home reading novels and watching movies. Probably I was terrified, and my way of coping with fear is to actively solve problems and to do work that gives me a feeling of accomplishment and at least the illusion of control. I hate feeling inadequate or helpless, so I find some productive activity.

When I was first diagnosed, I assumed that I had a year, maybe two, to live. After recovering from PCP and high doses of Bactrim, I discovered that I could go back to the gym and work 50 hours/week (there were a lot fewer staff at GMHC in 1986), and live a "normal life." I was fortunate because I worked in a place where people were concerned and supportive. Richard Dunne was the Executive Director and I would take naps on the couch in his office while he was at lunch. I had a worried but supportive lover, family and friends, as well as 50 coworkers and 500 volunteers who were willing to help. No one tried too hard to get me to "take it easy." They knew I would not have listened.

I told my friends and coworkers about my diagnosis and my illness from the very beginning. I knew that there would be a need to talk and occasionally to cry. I also had a need to celebrate when something good happened. I couldn't be comfortable if people didn't know what I was feeling. Besides, I don't think it is possible to keep secrets.

Less than two months after I became a staff member, I was diagnosed with PCP. I decided from the first day that I was not going to be a "patient."

One year after my diagnosis, I became the Director of Client Services at GMHC. It was a job with lots of responsibility, stress and frustration. There were 1500 clients with medical, financial, and other problems and a government that had no interest in helping them. Most of the time, I was able to focus on how much we did accomplish. Other times, I had to accept the feeling of failure or sorrow.

The hardest part of working in AIDS is the number of people I have cared about who have died. There are so many people I worked with, who gave so much, that I still miss. Usually, it doesn't help me to think that their spirit lives on. The best I can do is to remind myself that I should appreciate what I have now.

One of the things that has kept me going is knowing that as a person with AIDS, I understand some things a little better because I have experienced them. I was an effective advocate for helping people live with AIDS. It's great when someone tells me that my presence gives them some hope.

To work in an AIDS organization or be an activist, I believe that you have to be prepared to feel inadequate, frustrated and terribly sad. You also have to be able to ask for support from friends and coworkers, and accept that you have limitations. I am very fortunate to have wonderful friends and a lover who is able to be protective, encouraging and generally accepting of whatever I'm feeling. At GMHC, I have participated in a support group for staff. But most important, you have to take the time to enjoy life.

I knew that there would be a need to talk and occasionally to cry. I also had a need to celebrate when something good happened.

THE SEASONS OF LIFE

by Kebin Nephew

The seasons change
The eagle soars like the wind
My mind soars like the eagle
My heart flows with the wind
I am touched by the Great Spirit
And my seasons change...

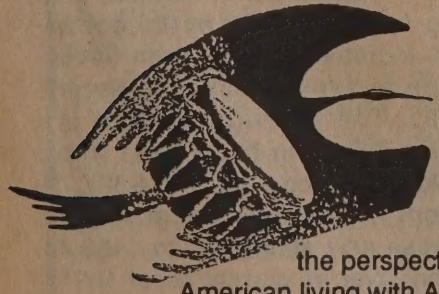
Spring brings life
The flowers reach for the sky
The warmth of the sun bathes the Mother Earth
Flowing endlessly
I reach out and grasp the life Spring brings
And I am reborn...

Summer breathes of endless life
Mother Earth is in ecstasy
Freedom reigns in Human hearts
And love shows its many colors
I feel the breath of Summer's endless life
And I see the many colors of its love
I am Summmer's life...

Fall is so slow and true
The days grow short and the air cools
The leaves fall ever so gently
And settle in the bosom of Mother Earth
And so do I, begin my Fall...

Winter is the call of Death
Cold, dark and empty
And yet so complete
I too am complete, at peace
For my winter has arrived...

The seasons have changed
The cycle is complete
My cycle is complete
And again I am touched by the Great Spirit...



You ask what is the perspective of a Native American living with AIDS? I don't really think it's any different than for anyone else. What I do know is that I am different in appearance. My skin is brown, my eyes are brown and I have long brown hair. Is this why I am Native American? My parents are Native American, and their parents before them were Native American, as far back as we can remember. Is this why I am Native American? They say we are spiritual people. I wonder. My spirituality, does it come because I am Native American or does it come from somewhere else? This I can't answer. Personally, my perspective is spiritual in nature. I just happen to be a Native American.

I know what I feel and believe, how I view this disease, how I keep going. The two basic issues here are how I live my life and how I die. The living part consists of who I am, my family and my community. I know who I am, what I want to do with my life. I have dreams to fulfill. I am happy with myself. My family lives in the area. They have always been there for me and will always be there. They are a foundation of my strength. As a member of the Seneca Nation, I am a part of this reservation community although I don't live there. Living in Washington, DC, I am a part of two communities, the Native American community and the gay community. From each I draw strength knowing I am accepted in each.

The dying part I don't worry about. Don't get me wrong. I don't want to die any time soon. However, I understand that death is a part of the circle of life. It is this circle of life which I base my spiritual beliefs. I concentrate on living as a part of this circle and respect what it represents. I wrote a poem which I think represents this circle of life.

I know that someday I will have to deal with the reality of being HIV positive and eventually getting AIDS — the sickness, the pain, the suffering and the death. I have seen it happen. I have been a part of it. I know things will get worse. I don't want that to happen to me. It is scary. Not only for myself but for my partner, my family and everyone involved in my life. Yet I am thankful for the love and support they have given me. Many people in my situation are not as lucky as I have been and I thank the Creator for that. It was not always that way. I have realized that someday, *my Fall will begin...* and soon after, *my Winter will arrive...* Until then, every day is a gift from the Creator, a chance for growth, for me and for those I love.

A continuance of Summer's life...

Kebin Nephew (Seneca) is 30 years old and works as a consultant in Washington, DC. He is an aspiring poet and playwright. He is still asymptomatic and is currently being treated with AZT. If you would like to contact Kebin, please contact Andrea Green Rush at National Native American AIDS Prevention Council, (415) 444-2051.

GEORGE BUSH IS STILL A WIMP

by Larry Gutenberg

Huh? Yes, our Commander in Chief is still a wimp when it comes to the war against AIDS. Our President stood firm against Saddam, but Goddam if he is going to take care of those battling the virus.

We lost more people to AIDS than in the war during the same period of time. Imagine a war that takes a life every ten minutes. Is that a likely time for the Prez to take a powder?

Sure, Bush says he'd throw money into AIDS research if he thought it would do any good. Does this mean he is surrendering? Each of us diagnosed with AIDS has been invaded. We are prisoners of war. Can't America rally around us? General Ike led an aggressive research effort against polio. I guess that's the difference in a President who was a General as opposed to a CIA director turned President.

One woman died unfortunately in a copter crash in the Gulf. Meanwhile, we are engulfed by thousands of women dying of AIDS, often prior to any diagnosis. If America is so concerned about women on the frontlines, how about some funding to get them out of our trenches? Along with men! Let's rescue People with AIDS with proper funding.

Let's wave the flag. The media can show the nervous hugs between PWAs and their family and friends as they enter the hospital. We are in the war that has no real frontline coverage. An occasional glance may be presented, but saturation of the warfare is not present.

How about Wolf Blitzen being transferred from the Pentagon to the offices of Dr. Louis Sullivan, the Health Kingpin? Wolf can ask what the Bush administration's strategy against AIDS will be. Perhaps if the generals made the battle decisions in the Gulf, scientists and other professionals can lead the nation to victory in the war against AIDS.

Until Bush does face our crisis and assist our frontlines, he is a wimp. Hopefully, he will help us soon. Otherwise he might find his immunity from political defeat very compromised.

LOOSE CHANGE FOR A CRISIS??

BUDGET FOR FISCAL 1992

At a press conference held by the Coalition for Health Funding on the day President Bush's fiscal year 1992 budget was released, some health experts said the administration left a lot more than the Persian Gulf war out of this budget. With the Centers for Disease Control (CDC) announcing in January the 100,000th AIDS death, the proposed AIDS budget is about 50 percent short of what the National Organizations Responding to AIDS believes it should be.

The total AIDS budget for fiscal 1992 in Bush's budget would be $1.95 billion, an increase of 3.45% over the current congressional appropriation for fiscal 1991. NIH's AIDS budget would increase 5.8%, making it $851 million.

The National Institutes of Health (NIH), which is a part of the Dept. of Health and Human Services (HHS), would get a 6% increase in the proposed budget, bringing it from $8.3 billion to $8.8 billion. Intramural research would receive a 6.8% increase, making it $988 million. NIH-funded centers would receive an increase of 4.6%.

The president's 1992 budget would fund 5,785 new and competing grants for individual researchers, the same number allotted for 1991. It fails to meet Congress' request to fund 6,000 grants, which is a "great disappointment," said John Sherman, of the Ad Hoc Group for Medical Research Funding, at the press conference. The budget for all research project grants would increase from $4.5 billion to $4.9 billion in fiscal 1992, an 8.9% increase.

However, funds for "related research grants," which do not fund researchers but go directly to the institutions for overhead costs, would be cut by $44 million.

The National Institute of Mental Health (NIMH) would get an 8.1% increase for its extramural, non-AIDS budget, making it $363.1 million. The budget to fund extramural AIDS research for fiscal 1991 is $62.2 million, and the presidents budget would raise that by just barely more than the projected rate of inflation. The budget for intramural AIDS research is $7.6 million this year and would be raised to $8.1 million in fiscal 1992. The budget for intramural research not including AIDS would increase 8.5% under the administration's budget in fiscal 1992, making it $84.8 million.

The National Institute on Drug Abuse (NIDA) would get a 7.2% increase overall, from $416 million to $446.2 million in fiscal 1992. The research budget is $297.4 million in fiscal 1991 and would be raised 10.9% to $327.7 million. The AIDS budget would increase only about 3%, to $153.4 million, over its current fiscal 1991 budget.

(excerpted from the American Psychological Association *Monitor*, March 1991)

UNTOUCHABLE

by Wendi Alexis Modeste, PWA, Syracuse, NY

No one can understand how important human touch is, until they've gone without it. It is impossible to understand the loneliness caused by the knowledge you have AIDS!

Mommie, where are you? I know you would still love me.

Reach out to embrace a child you love. Feel that child cringe because you have "It"! They've been taught to be afraid.

Your family tells you, "After considerable discussion, we've decided, for the sake of the rest of the family, you may not come home to die."

Lay alone, in a chilled hospital room for hours in your own waste and fear. See only masked faces, gloved hands, and gowned bodies. They tell you it's for your protection. Their eyes, however, speak the fear and disgust they really feel.

Awaken in the middle of the night. You and all your bedclothes are soaked in perspiration. You don't have the energy to wash up and change. You cannot lift the mattress to switch it over to the dry side.

Scream because it hurts. You are imagining things are coming out of the walls to get you. Beg for help. Hear only the sound of your own voice. No one is there. Your lover died last month, your friend last year, your fight this morning.

Scream

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Feel the heat of the sun on your face, but see only darkness. A virus has taken away your sight. You are "newly blind" and alone. Oh God, it's so dark!

Hear people talking about you, but never with you. Help. Unseen others even control your right to die. Hospice can't even come in to see that your request not to receive any artificial life-supporting treatment is carried out, until the doctor signs a document stating you only have 120 days, maximum, to live.

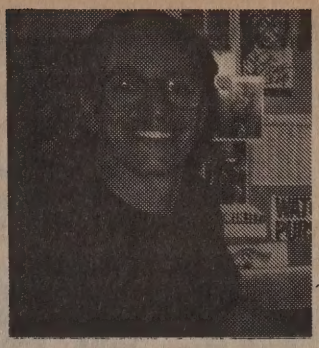
You look forward to hearing the steps of the "meals on wheels" person, who rings the bell but leaves the food outside of your apartment.

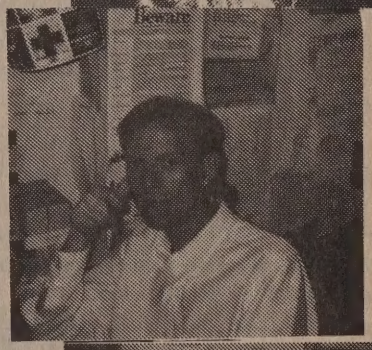
Imagine the ambulance arriving for what you know will be your final ride to the hospital. You can't walk. The attendants won't help. They don't want to touch you. You know the end is near. You are glad.

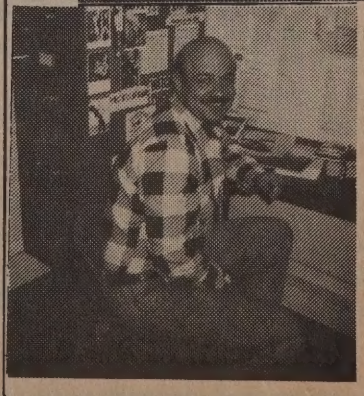
Your family requests the doctor state on the death certificate you died due to "complications" associated with a chronic illness.

You know it's not complicated at all. Your death is the result of the never-ending loneliness of living with AIDS in America!

This was written by Wendi for a Brooklyn group called Healthwatch. *The group uses theater as a vehicle for AIDS/HIV prevention for adolescents. Here, Wendi expresses the PWAs penultimate lonely experiences, incorporating with others who have shared with her.*







A MESSAGE FROM:

SUFFERMAN

Greetings, Earth Creatures,
I am SUFFERMAN
I was born a long, long, long
time ago on a distant planet
called "Ripped-off"
(My people are called "Ripped-offed-ons").

When I was a mere babe
Scientists warned of a tremor
that would destroy my world.
Wisely,
my care-partners spent
all my savings on a little
red and blue rocket ship.
So that's why I'm here on Earth
on Medicaid.

"Medicaid" is the system on Planet Earth
through which I have obtained
my fantastic powers.
I can bend solid rules at the ER
with my Tongue of Steel.
With a single bound I can leap
over piles of sweaty bed clothing.
I can sit for unbelievable
amounts of time in a clinic waiting room
without throwing up.

Yes, I am SUFFERMAN.
As I zip down First Avenue
in my Super-Ambulette
my fans stop and point, crying
"Holy Shit! What, did someone
hit you in the head with a baseball bat?"

When faced with a Super-foe
I emit the fearsome SUFFERMAN body fluids.
I cough loudly
I wave my bloody paper cuts.
When the going gets tough
I unsheathe my super-manhood
and stick it to the foe
with a great unsafe thrust.

Well, I must be off.
There are great injustices to conquer.
But first I think I shall
check into Bellevue for a couple weeks.
"UP, UP and AWAY!!!"

Photos by: Angela Galardi

by John Mangano

PEOPLE LIVING WITH AIDS Pt. 1: Grief and Guilt

by Suzanne Phillips, M.D.

I was somewhat taken aback when I was asked to write this article as a "Person Living With AIDS." As a frequent writer for *Newsline* over the past four years, I've covered AIDS activism, reported on drugs and treatments, memorialized friends, and even written poetry. According to my first editor, Max Navarre, I had an important viewpoint to express as a non-PWA and healthcare professional. But being asked to write now as a "PLWA" marks a turning point for me — both an external and internal acknowledgement that my life has become inextricably linked with the lives, forever changed, of all those directly affected by the AIDS epidemic — PWAs themselves and the people who are standing with them for the long haul.

To hell with being politically correct, I'm going to be truthful. In spite of all our hard work, and despite the fact that we continue to hope and to fight, a lot of people are dying. The missing faces at any meeting confirm this fact. People who work in this epidemic have to learn how to deal with their issues around illness and death, because that is part of living with AIDS — an episodic but painful part of it. As the years drag on with no "cure," it becomes a *very* painful part of it.

PLWAs who are not HIV-infected have a different set of problems from those who are. These difficulties are not often discussed among ourselves, and rarely discussed by anyone else. I believe the reason for this is that our issues pale by comparison to the life and death issues faced by PWAs. We feel guilty for many reasons, including survivor's guilt, and we feel ashamed when we are not strong enough to do everything we want to do, for as long as we think we have to. We get caught up in the accelerated time-frame of the epidemic, and we function on a level of emotional denial that crosses over from healthy to unhealthy. It is proving to have long term effects on some of us, because it does catch up with you over time.

I am told that the "psychology of serial loss," as we are all experiencing it in this epidemic, has yet to be delineated by the professionals. Psychiatrists don't really know what to say to young people who are burying many of their friends, or neighbors, or children, or parents. The grieving process seems to be ongoing and incomplete. We grieve for the future, as well as for the past and present, partly because of our anxiety and fear that this epidemic is raging out of control and will continue to do so. I feel self-indulgent (and guilty) talking about grief and pain, saying to myself that you'd think we'd get used to it. After all, anger is so much more politically chic. But the fact is that our anger is born of our pain. Although it is possible to repress feelings, they eventually express themselves, either directly in depression, or in a different form such as rage or panic. It's an emotional roller coaster which teaches you to detach yourself a bit in order to survive. And *that* works for awhile... until you lose another friend.

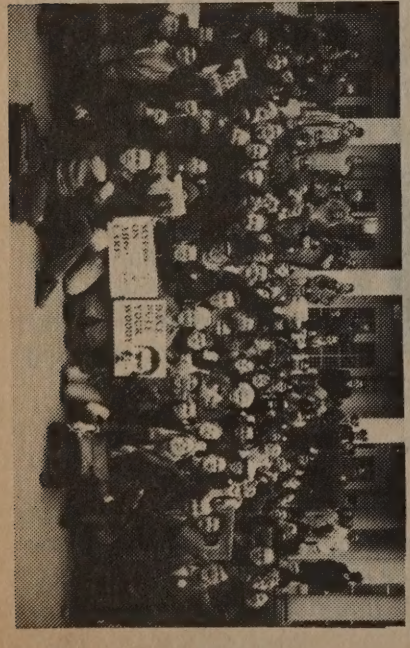
Please understand that I'm not nominating anyone for a medal here. The moral imperative is obvious — everyone should be doing something to fight AIDS. But they're not. In fact, it seems that the average American winces in boredom when you say the "A" word. It's just not a crisis anymore. So that leaves us, the ragtag army of PWAs and PLWAs, burning out and reviving, and taking all of it one day at a time.

I remember Michael Hirsch and Griff Gold asking me what I was doing for myself when we used to talk about how we were feeling and what was going on. Those two yentas queried me extensively on my love life, my dietary habits and my hours of sleep. PLWAs learn the hard way to take care of ourselves because we can't be any good to anyone if we're exhausted or depressed. It isn't easy to go to the beach or a party when someone you love is sick, but it's a necessary respite. Without some balance, it's too easy to be overwhelmed. I guess the bottom line is that to stay in this for the long haul, to be a person living with AIDS, you have to LIVE.

Next month: *Rage and the Body Politic...*

Suzanne Phillips, M.D., is currently a resident physician in a New York City hospital and a longtime AIDS activist. She is also a former PWAC Board member (1987-89) and CRI-NY Institutional Review Board member (1987-89).

PWA Coalition's PWA/PWArc staffed Hotline. (212) 532-0568. Outside NYC, (800) 828-3280



THIS IS SHARONJAY...

I have been reading *Newsline* now for at least 2-3 years.... I have many times wanted to sit down and write and share my feelings. It isn't till now that my head is clear enough to express my feelings with some kind of clarity.

I am a recovering drug addict, I am one of the lucky ones. I am blessed, I reside in the world's first substance abuse/HIV+ residential therapeutic facility: Project Samaritan, Inc.

Here we deal with both diseases. Here we learn. Here we cry, we grow, we have the opportunities to live our lives to the fullest.

At first when I was diagnosed HIV+, I was so glad. I thought I was finally going to die and that my problems would solve themselves... death does have its rewards. I kept drugging, HARD-CORE, even took up the STEM and became an expert at smoking crack.

I drugged and drugged then drugged some more in between hospital stays trying real hard to end my misery. BUT... my higher power had other plans for me. I'd fall and he'd give me the strength over and over again to recover from each bout of PCP, with the chronic vaginal yeast infections that plagued me month after month, the horrid night-sweats, the thrush in my throat that wouldn't let me swallow ... but the drugging got me through. Go to a doctor? I *never* shared my "works" after I was diagnosed and when someone would ask me for my "set" I told them, "No, I have the virus." You wouldn't believe how many people would say, "So, I probably have it too."

I cringe at the "assaults" going on right this very minute here in the "shooting galleries," even as I write this the agony I feel that there is nothing I can do for knowing this killer virus is being passed for a "hit," a "cotton"... "Use a condom? Fuck them"... It really breaks my heart so I stay here and learn, I'm trying to get my certification to give seminars about HIV, to give back this gift that my Higher Power, my God, has seen fit to bestow upon me... The surprisingly good health I still continue to have... Sure it's hard some days just breathing, sometimes it's a tiring effort walking down a flight of stairs, never mind UP... but I trudge along steady and slow, feeling like I have a definite purpose... I have a mission and that part of that mission is to enlighten "my people"... which includes WOMEN ... and to fight for studies specific to women and AIDS, to Hispanics and other minorities, to substance abusers, to gays and lesbians... not such a minority when you put them all together.

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I smile every time I see an article by Iris De La Cruz, she fights on and wins, I cry when I read her articles, but they've given me strength and have encouraged me to serve anyway I can. For now, the pen is my sword. God bless us all.

With lots of love and a couple of hugs, Sharonjay Rodriguez

MORE
"ELEPHANT MAN'S GUIDE TO THE MOVIES"

by John Mangano

Ce va, Cineastes. I'll bet you're wondering what Elephant Man saw this month. Well, nothing much, not with these swollen peepers! Perhaps after a delicious seven-day course of radiation I can find my way to the bathroom. Meanwhile, here are some of the flicks that play over and over again in the Bijou of my mind.

★ HOMO ALONE ★

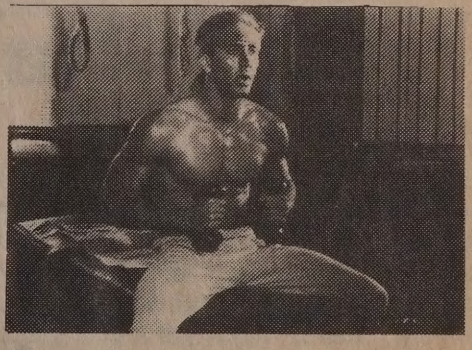
A coming-of-age film about a youngster who welcomes two strange men into his home.

★ BIRD ON THE WIRE ★

Famed saxophonist gets AIDS from a dirty spike. He calls Medicaid for help, but is put on hold for four days. He finally dies from a neck cramp.

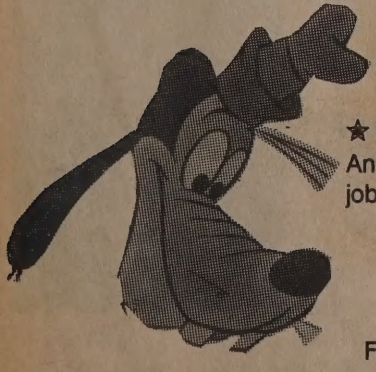
★ E.T. AT THE E.R. ★

Cute alien crash-lands in New York City and is rushed to the hospital where he lies on a hallway stretcher for three years.



★ STRAIGHT LOUT OF BROOKLYN ★

Hetero Italian Vinny Caruso (Nicholas Cage) contracts AIDS when he cuts up a black youth (LeVar Burton) asking for directions. As Vinny fades fast, his loving doctor (Kelly McGillis) makes sure he goes out with a bang. Great safe sex scenes.



★ THE SECRET OF NIH ★

Animated cartoon characters take over the National Institute of Health and do a much better job of running it.

★ BLUE CARD ★

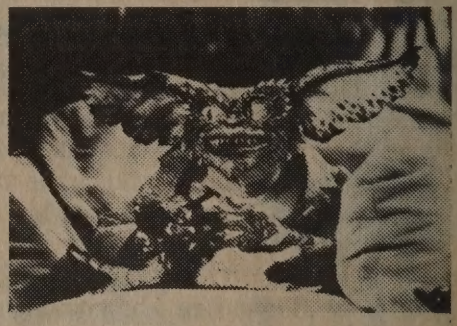
French PWA (Gerard Pooperscoop) is dropped from his medical plan at AirFrance and so marries a strange woman (Andie McDull) for her Medicaid card.

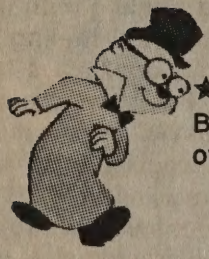
★ THE FRENCH CORRECTION ★

Megalomaniacal American doctor, Gallo Whina (Joe Pesci), claims to have isolated HIV, much to the annoyance of French researcher Luc Skywalkier (Gerard Doopadoo). Fabulous chase scene as angry mother with border infant runs over Gallo's car with her baby carriage.

★ GREMLINS II: THE NEW BATCH ★

Further misadventures set in the waiting room of Beth Israel's IDC clinic.





★ SAINT VINCENT'S AND THEO ★

Bespectacled chipmunk with PCP is rushed to Greenwich Village Hospital, where overzealous internist cuts off his ear.

And don't miss these great classics by ORSON NOT-WELLE:

★ CITIZEN'S CANE ★
★ THE MAGNIFICENT BIOPSIES ★
★ THE LADY FROM SINAI ★
★ A TOUCH OF HIV-IL ★

☆ ☆ ☆

WARNING: These films have nothing to do with AIDS:

★ THE TERMINATOR ★
★ ERNEST GOES TO HEAL ★
★ HONEY, I HAD THE KIDS TESTED ★
★ LOOK WHO'S TALKING TOO MUCH ★
★ FRANKIE AND JOHNNY IN THE ST. CLARE'S WAITING ROOM ★
★ MONTEFIORELLO ★
★ WRONGSPERM COMPANSIONS ★
★ ROSENCRANZ AND GUILDENSTERN ARE IN REMISSION ★

Great Double Features:

★ THE PRESIDENT'S PLANE IS MISSING/ HIGH HOPES ★
★ HOSPITAL/ HOUSE OF DARK SHADOWS ★
★ GUESS WHO'S COMING TO DINNER/ THE UNTOUCHABLES ★
★ SLEEPING WITH THE ENEMY/ DEATH WISH IV ★

HELLO, MY NAME IS CHERYL MOSES...

I am a woman of color, a single parent of two boys, and I am also a PWA. I was tested HIV+ in 1987. My 18-month old son Emmanuel died in 1988. In November, 1990 I was diagnosed with AIDS because I had PCP. For 13 months I lived in a women's shelter. I am fortunate that my other two sons, Alex and Jason, are negative. I am also in recovery, and before my diagnosis I wasn't really all that comfortable. My children are living in foster care, I was very carefree. When I found out my health status, I went into depression. I had no one to talk to, no one to explain to me what I was faced with. I was in denial, I thought only gay men, IV drug users got this thing.

I graduated from an AIDS training last year. I learned about this virus, myself, and what I can do about it. I sought out a support group. I've learned from the women in this group, called "Sister to Sister." They have taught me how to look outside myself, how to take care of myself. Today, I do outreach work. I go to hospitals, schools, communities. I do speaking engagements with people who want to do HIV counseling, like DAS workers. I try to give them my personal experience as a PWA and client's perspective. I do reception and the Hotline at the People With AIDS Coalition. I enjoy that very much. I have become empowered, I have become confident, which are the things I didn't have before. Instead of turning to drugs, I turn to people like myself. Knowing is half the battle, knowing my diagnosis and dealing with it without turning to drugs is a feeling I cannot stress enough. I don't have to do this alone, I have God, support groups, and the people at PWAC. How can I lose? A winner has a program, a loser has an excuse. I am a winner. AIDS is not a death sentence to me. I'm living with this virus. I have recently found an apartment and I will be reunited with my sons in June. I didn't, and have not given up hope or faith. And if I can inspire at least one person, it will be self-rewarding. God Bless us All. Thank you.

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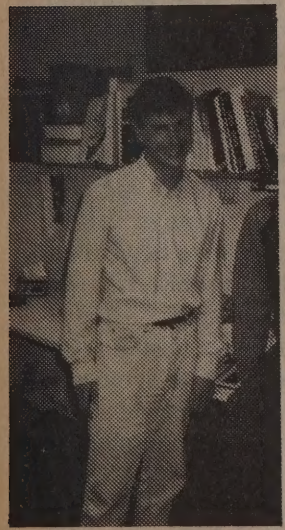

I LIKE MY JOB

by Brie Salzman

I am proud of being an HIV+ nonIVDU SWM. Just saying so stoutens my heart, swells my cocky bosom. Before diagnosis I never could have dreamed what life has been these last two years, all the things I have done and learned. Happily married and living in Spain then, a teacher and a writer and a drunk, I was proud of our huge sprawling art nouveau apartment near the Paseo de Gracia in Barcelona. My wife was off birth control, my job prospects good and looking better each day, and I had health insurance. All that changed when an insurance company here turned me down because my blood was HIV-antibody positive.

Now I am a single man living in a small apartment cluttered from floor ceiling in medical papers. My father is gravely ill and I cannot earn money for fear of losing Medicaid benefits. No, I never could have dreamed science would occupy my life more than literature or anti-viral drugs be more interesting than vintage Rioja wine. My friends, my heroes, my wishes, desires and dreams, the entire focus of my life has changed dramatically as if a big bomb hit and I, like that most adaptive creature the cockroach, am skittling through the post-nuclear rubble happily and industriously, as though a personal Armageddon were the second coming, as if rebirth is the real significance of a death threat.

I must be a guinea pig. The stats of my life are hovering near a computer at the CDC. Were ignorance bliss, I might surrender post mortem each grave marker, staining blood, fouling tissues and waiting, like clean designer undies on a crumpled corpse, to be read. Only why, if I must each millisecond be preoccupied and distracted by a huge and all consuming heading like AIDS and mortality, should I not be fascinated by details I can change and may change my prognosis, like drugs

and therapies, work ongoing at the NIH, in pharmaceutical houses and within the ACTG? I don't expect any satisfactory conclusions to come of pondering disease in general and my own specific mortality. But regarding medicine, quality of health care, and benefits I rely upon to survive, there is a great deal to know and with work and dedication, it can be known. Rather than wait, I have chosen to act.

Last year at about this time I was playing solitaire. Our house was a nice little brownstone in a war-torn section of South Williamsburg, Brooklyn. Windows gated, doors double barred, I sat inside a self-imposed prison dealing over and over the hand of my fate. Wins were unlucky as losses. I waited for a cosmic green or red light to say go, or stop. Often a digital clock read 2:22 or 3:33 or 12:12. When after almost three months of diligent play no pentagram or stigmata appeared, no trump brayed or black clad shepherd knocked thrice, I put aside my fifty-two worn and greasy Alitalia promotionals and took stock which, of course, was a waste of time.

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T4-cells are vague and hypothetical where life is real. We are talking quality of life here, not surrogate markers. Even as every signpost and waystation melts or turns inside out, there is still HIV and AIDS. Where one day not long ago I answered, "PWAC Hotline, may I help you?" I am magnitudes from that petty little rut of solitaire and clock watching now. I have many jobs, many questions desperately needing answers, and I simply haven't time or energy for contemplation of huge unanswerables like fate, mortality, and metaphysics. Never have I been so convinced that my work was really worthwhile. In fact, imperatives like sex and sleep matter not at all compared to AIDS. With all that this bastard has taken from me, the least I can do is work each day to defeat it. I am convinced that work all of us can do will ultimately have an impact upon controlling or curing AIDS. For the meanwhile, this work is my life and I am damned proud of each step I make.

BEFORE THE PARADE PASSES BY

by Craig Washington

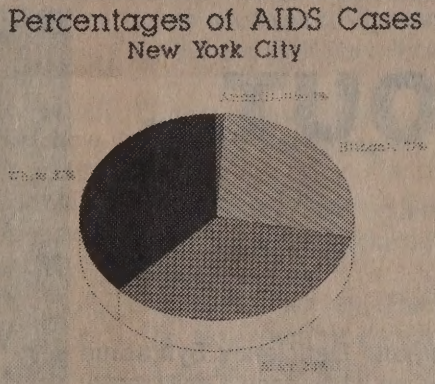
Summer 1991 is drawing upon us and with it comes a splendid array of holidays festivals and parades that affirm the value of cultural pride. The schedule of outdoor events in New York usually reads like a Who's Who among the African Diaspora. The African Street Festival, Harlem Week, Puerto Rican Day and the Caribbean Day Parade. There is something wonderfully appropriate about it all. One cannot ignore the sheer visual poetry of all those beautiful sun children of all ages playing on the asphalt grounds of Flatbush, Fort Green, Harlem and the Bronx. It is their rice and beans, plantanos, sorrel, salsa and congas that bathe the air with a pastiche of scents and sounds you just cannot achieve in, say, Wisconsin. But these occasions are worth much more than their aesthetic value, they each commemorate a shared legacy, a history that will not be forgotten, a premise of rebirth and restoration. Gay Pride Day is a multi-racial, multi-ethnic, multi-denominational celebration borne out of the same spirit. No single outdoor event unites such a mixed bag of nuts as this most festive of festivities. Now if the demographics of this summer roster elicits a double-take it may be because there are more parallels than immediately meets the eye. There is a sociopolitical context to any mass gathering of oppressed people, any endangered species. In a city that holds one eighth of the nation's HIV-infected persons, those above-mentioned celebrants, the blacks and Hispanics, gays and straights are the ones that most clearly face the encroaching threat of infection, sickness and/or death. Compounding the alarming statistical data that confirms AIDS as the number one killer of young black and latino adults in New York is the antagonism that divides the ranks of activists, PWAs, HIV people, health care professionals, and concerned others.

This conflict is undoubtedly reflective of the very real divisions of race, sex, culture and class which predate AIDS. The good old institutions of racism, homophobia and misogyny have always been successfully divisive agents. AIDS is a relative newcomer to the long list of crises suffered by the disenfranchised. As Harlon Dalton points out in his enlightening, "AIDS in Blackface," (*Dedalus*, Summer 1989) many blacks don't trust the intervention and outreach efforts of the society at large. Given our history of unequal status, many of us do not trust the intentions of white professionals informing us as to how to behave. Many of us believe in various genocidal theories regarding the origin of AIDS. Given the systematic decimation of the Native American and, more recently, the scape-goating of Haitians as primary carriers of the virus, such theories may not seem far-fetched.

Those of us who are gay, lesbian, or straight women experience different configurations of oppression. Since the nature of oppression varies from group to

group, the concept of commonality becomes questionable. The discrimination faced by a middle-class white gay who is denied health insurance because of his seropositivity is quite different from the discrimination heaped upon a pregnant seropositive latina who cannot afford basic medical care and who may be perceived by her neighbors as a whore, or that suffered by a black gay in rural Mississippi who after a bout with PCP is ostracized from his community which is uninformed about transmission modes or anything else HIV-related.

While a certain amount of debate over issues of treatment, testing, outreach and education is inevitable and can even be productive, the current level of feuding among AIDS workers impedes the formation of coalitions necessary to confront the full scope of the crisis. The current debate topic is of course the recruitment of pregnant black and latina women in the ACTG 076 trial which will examine the efficacy of AZT in preventing intrauterine transmission of HIV from these women to their babies.



Historically, the majority of women of color have relied on public health programs that provide substandard health care, and the advent of AIDS has only underscored this tradition of exclusion and negligence.

From 1985 through 1989, in response to the rapid spread of the epidemic, the New York Department of Health and the Centers for Disease Control established a policy of testing women — the majority of whom were black and latina — and advising those who tested positive to postpone pregnancy, or, if they were already pregnant, to seek an abortion. Many of these women receive what Telia Virgin, PWAC's Director of Minority Affairs, calls "backdoor diagnoses," in which a woman is informed of her seropositivity through the test results of her newborn. However, there is no counseling or additional treatment forthcoming from the state. These women are left uninformed knowing only that they were infected and without any substantial resources for treatment. No wonder many AIDS activists are alarmed. They believe, and with good reason, that the authors of the 076 trial are not interested in the welfare of these women, that their only concern is with women as vectors, or transmitters of disease, as women must once again be prevented from endangering the more valuable lives of men and children. When the predominantly white activist group ACT UP joined the fray, several black activists accused them of paternalism. Should these "gays, whites and lesbians," as Harlem Hospital's Dr. Janet Mitchell defined ACT UP, speak for the needs and issues of black and latina women?

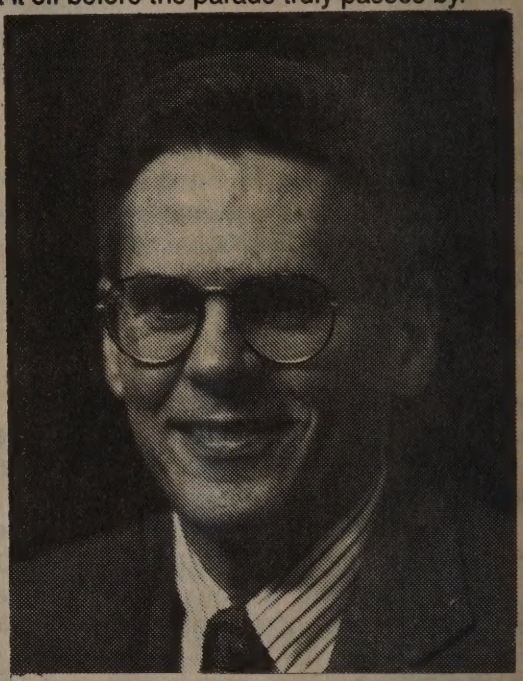
After Telia Virgin's microconference on the 076 trial, several activists spoke of the need for black and latina women to speak for themselves, and expressed anxiety about "white" advocacy of black concerns. This scrutiny is reminiscent of past interracial coalitions, such as the women's rights movement in which several white feminists attempted to not only represent black women but to relegate black feminists to a peripheral role. At a recent GMAD (Gay Men of African Descent) meeting, Debra Fraser-Howze recalled how black activist initiatives have been perceived by white AIDS workers as being divisive, "anti-white" and "militant" simply because "we chose to do something for ourselves." Black and latina women should be at the forefront of any representation of their rights and health issues and these activists have valid concerns about those white who would attempt to dominate AIDS coalitions. However, not all white activists involved in interracial alliance act out of paternalism, and as we refute the condescension and patronization of those who would tell us what's best for us, we must welcome the assistance of those who share our goals and work with us in a respectful, positive manner.

There is a disturbing note of homophobia implicit in Mitchell's comments. An underlying resentment of gay white activism shared by many black activists is expressed in her pointed reference. Even though GMHC was among the first legion to take up the crusade, and with the influence of Craig Harris and Gary Paul Wright has fashioned more culturally specific efforts to reach black and Hispanic communities, it is somewhat unfairly perceived as a "white man's organization" unconcerned with meeting the needs of people of color. This is simply untrue. While GMHC has been slow in updating its education and outreach services to meet the current demographics, it has not been resistant to change and has collaborated with many black and/or latino-identified organizations. In discussing the lack of a black direct-action group comparable to ACT UP, several people have claimed that most ACT UP members are middle-class young men whose financial status allows them the time to protest during working hours, whereas most blacks cannot afford to take off work or are too put-upon to engage in street activism. This is not only a cop-out, but when placed in a historical context it is in fact absurd. The March on Washington, the Montgomery bus boycott and countless other grass-roots projects are manned by poor and/or working class people who were galvanized by commitment to an identified objective. In 1991, blacks and latinos should already be mad enough to "ack-a-fool" in these city streets, mad enough to transcend differences of sex, culture, and sexual orientation, mad enough to demand all the services they deserve. We're the ones who are getting sick quicker and dying faster than the rest of the population.

When speaking about the victories of GMHC and their supporters, the allocation of treatment data, and FDA approval of AZT, David Barr of GMHC referred to such concerns as luxury issues. Luxury issues for whom? Although many of us struggle every day to keep above water, and those of us who are infected have many crucial needs that must be met, we have to acknowledge the need for medical information as a high priority issue for us, not a luxury issue that only middle class whites can afford. As Alice Spears of Kings County Hospital intimated, we have to begin to love ourselves and act as if we are important, as if we deserve the best health care, the most effective education, the most reliable medical information, and we must take the initiative to allocate them all *now*.

As we divert our massive collective energy by fighting amongst ourselves, the conspiracy of governmental bureaucracy, politician apathy, and bigotry, continues to sap our resources and ignore our divided voices. Let this be the summer of the endangered species when we all (people of color, PWAs, white, lesbian, gay, and all possible combinations thereof) come out of our cages and make some noise. Come June 30, we need set it off before the parade truly passes by.

COMING OUT...



Brian J. Coyle

Office of City Council
307 City Hall, Minneapolis, MN 55415
Brian J. Coyle, Council Member

Dear Friends and Colleagues:

For most people, Acquired Immune Deficiency Syndrome (AIDS) is something very far away, but for me it has been a daily reality for nearly a decade and I have decided to come out publicly as an HIV infected person in order to educate people and to improve my chances for survival.

I want you to be the first to know that tomorrow, Tuesday, April 23rd, the May edition of *Minnesota Monthly* magazine will carry a cover story disclosing my struggle to carry on despite having an impaired immune system. Channel 5's KSTP Investigative Team will simultaneously begin airing a series called "Public Man, Private Struggle" on their 10 PM News.

I have worked cooperatively with these two media venues during the last two months, and will be releasing excerpts from my private journals to Equal Time, in the hopes that information and concern might take the place of fear when people encounter HIV in someone they know and maybe even respect.

In doing this, I am taking a risk that people will write me off politically or actually fear working beside me. But being honest is now as important to me as being effective, which I have been during all these years of secretly living with the virus. People should have no fear of contagion; if anything it is me who is threatened by exposure to other people's diseases.

I found out in 1986 that I was infected with the HIV virus which causes AIDS. In retrospect, I guess I suspected something was happening to my body as early as 1981 or 1982 when skin rashes occasionally appeared. But we didn't even know what HIV was then or that it was already in our midst.

I have lived successfully, without a bout of illness from a major opportunistic disease and without even being away from work for more than a few days for six years since diagnosis, and probably ten years since I was originally exposed to HIV.

That makes me a long-term survivor already since mortality figures reported to the federal Centers or Disease Control (CDC) show that fewer than 30% of adults with AIDS live longer than three years after it is diagnosed. CDC statistics say that I should probably have died long ago, but myself and thousands of others around the country are defying the medical doomsayers by living long and well.

Many like myself are leading normal and productive lives, some with relatively few bouts with serious sickness, due to medical treatments and life-style changes which have helped to make HIV more of a chronic, manageable disease than an instant death sentence. Although the virus has now compromised the immune systems of more than a million Americans and has killed over 100,000 people, we are determined to do what we can to stay alive.

There are several variables that probably play a role in survival rates, including genetic makeup, divergent viral strains, and improved treatments like AZT, ddC, and ddI (antiviral drugs) and pentamidine which helps prevent PCP (pneumonia), the number one killer of people with AIDS. But increasingly, studies show that one's state of mind is a determining factor.

Survivors are universally purposeful, active people; knowledgeable about the disease; attuned to their bodies which they monitor closely and treat moderately; and they structure their lives to conserve energy and reduce stress as I have. You have to make a conscious decision to nurture wellness and I have done so fairly successfully, despite my demanding job.

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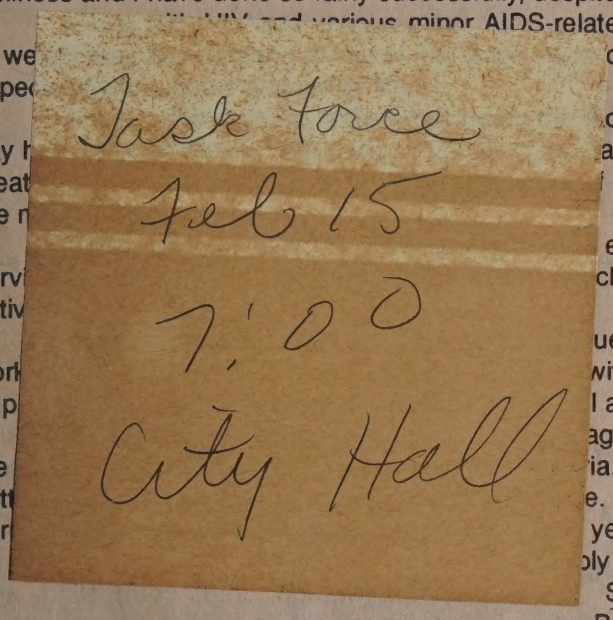

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THE LONG TERM SURVIVOR

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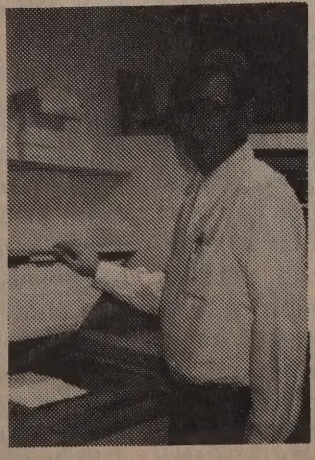
The word is out that some—if not many—of us PWAs will make it to 88 years, retrovirus and all.

I have met many PWAs who tell me that they have been with it for five years or more. These same PWAs do not take AZT or other antivirals. What characterizes these "survivors"? I see they are active, have loads of friends, maintain a schedule of commitments that makes me tired just thinking about it.



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I look at every day as a gift, a present. Even if the sky is gray and rainy, a good excuse to sleep late and vegetate, I still say "thank you, God, for today, I will make something of this day." Not to get religious, but I do have the choice between burying my talents or exploiting these and doubling and tripling them.

"Ahh, come on, they are dying every day!" Yes, but what is to be said of the conscious decision to let go and live. My long term survivor friends are brash, fiercely individualistic, active, see a therapist at least once a month, incorporate non-destructive regimens, herbs, get regular exercise, avoid taking in any more HIV, shun killer drugs like cocaine and alcohol, go to plays, see every movie, do volunteer work till they drop, travel, spend time with people who enrich their lives, renounce slavish adherence to doctor's orders.

One has to admit that there are more and more advances in controlling the opportunistic infections that used to cut us down. We listen to our bodies and lose no time when trouble troubles us.

Here is the Hebrew toast, L'Chaim, "To Life."

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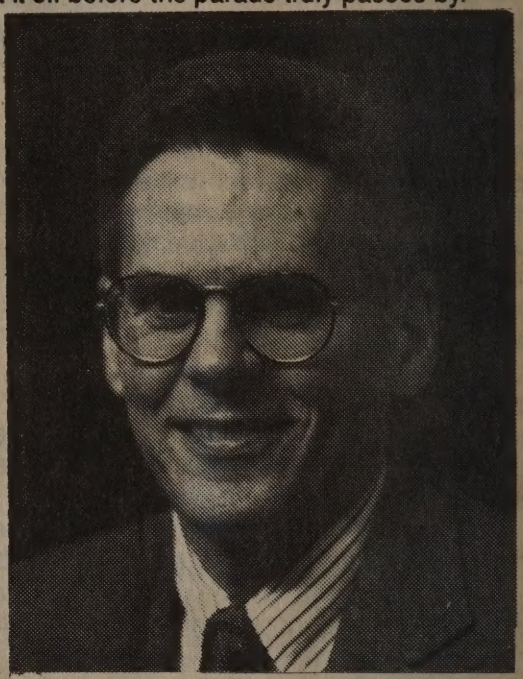

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Living with HIV and various minor AIDS-related conditions like skin eruptions, itching, or weight loss has become a way of life, to be taken one day at a time along with many other aspects of work, home and family life.

It may seem hard to believe but facing the fact that illness and death could come any day has renewed my life. AIDS forces you to investigate what you really want your life to be. It creates an opportunity to focus on the deeper value of life and to fill your life with memories that are meaningful.

Being depressed is an enormous waste of energy and luckily I have had my work serving the Sixth Ward and City of Minneapolis to channel the strength I have into positive activity.

I hope and pray that I will have your continued support and understanding since my work, interaction with the community, and friendship with you are what have kept me alive. I ask not for your judgment or pity, but for compassion and acceptance of me as I am.

If you have questions or concerns, I encourage you to ask me directly. The worst thing about this disease is the stigma resulting from misinformation and hysteria. Now that I've decided to stop hiding and come out, I will be better able to answer any questions you might have. In the meantime, I trust I will continue to be related to as the normal, healthy person you have known for all these years.

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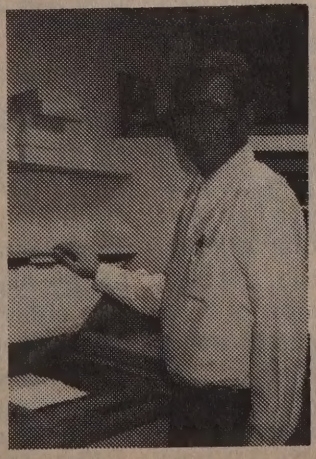

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MEN OF ALL COLORS TOGETHER AND OUR HIV/AIDS WORK

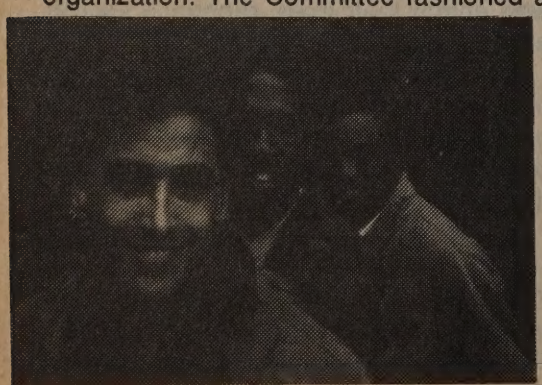
by David A. Housel

Men of All Colors Together/NY (MACT/NY) is a multiracial, multiethnic and multicultural group of gay/bisexual men united to struggle against racism, sexism, heterosexism, and the other oppressive forces in our lives and in our world. We promote multiculturalism by nurturing a space where cross-cultural relating can occur in ways that are respectful of difference and personally empowering. Creating such a community entails an ongoing commitment to consciousness-raising and open discussion where long-reinforced prejudices can be identified and examined and where behavioral and attitudinal changes can occur. This process attempts to go beyond surface appearances of diversity to cultivate and sustain more equitable and humane styles of relating to and interacting with one another, in the hopes of living, loving, and working together in more harmonious ways.

MACT/NY consistently reflects upon our collective realities. Needless to say, HIV/AIDS is a reality that has had a profound impact and continues to challenge and to devastate our communities. Historically, MACT/NY has held forums around HIV/AIDS-related issues and sponsored safer sex/HIV risk reduction reduction "playshops," primarily under the auspices of the National Task Force on AIDS Prevention (NTFAP) of the National Association of Black and White Men Together, of which MACT/NY is an affiliate chapter. In collaboration with NTFAP, MACT/NY has been able to train peer educators about HIV/AIDS, particularly safer sex practices and creating community norms that prevent "relapse" to unsafe/risky behaviors, and helped orchestrate a nationwide knowledge, attitude, and behavior survey focusing on HIV/AIDS and targeting gay/bisexual men of color.

Recently, the HIV/AIDS Concerns Committee has been revitalized. This committee provides a forum where members' questions and concerns can be most effectively addressed by the organization. The Committee fashioned a philosophical statement that affirmed the discussion of HIV/AIDS as a matter of course in all MACT/NY events (including our monthly *Information Bulletin*) and the creation of an organizational environment that is sensitive to those living with HIV/AIDS in their bodies.

The Committee fashioned a philosophical statement that affirmed the discussion of HIV/AIDS as a matter of course in all MACT/NY events...



David Housel

A needs assessment was conducted last fall in order to ascertain what members/supporters wanted and expected from MACT/NY in regards to HIV/AIDS-related issues and services. The results indicated that MACT/NY is seen as a place where one could come for information, crisis counseling, and referral but not as a place where ongoing clinical or financial services are provided. Consequently, an HIV/AIDS-related issue/concern is featured in our ongoing programming, either in a consciousness-raising or education forum, every two months during our regular Friday night meetings (8-11PM at the Lesbian and Gay Community Services Center). The Committee has also produced a flyer listing the names and phone number of MACT/NY members and supporters who have expertise in doing HIV/AIDS-related counseling and referral for those who prefer anonymity or more private, individualized interactions.

MACT/NY has also started a Sex Positive Discussion Group where members who embrace and are empowered by their personal sexual expression and who are equally committed to sustaining safer sex practices, can come together, share ideas, and reinforce this collective, life-affirming decision. Behavioral changes are only maintained when they remain relevant, vital, and joyful in a person's life.

MACT/NY remains open to coalition work with other lesbian/gay community-based organizations and AIDS service providers in addressing and confronting AIDS/HIV in all of its diverse manifestations in our various communities. Feel free to contact David Housel via MACT/NY, Box 1518, Ansonia Station, New York, NY

10023. Or call him at work, (212) 523-6384 for additional information or support.

David Housel is an outspoken human rights activist who feesl most comfortable doing his work within the lesbian and gay communities. He has become a fixture at Men of All Colors Together/NY, serving on its Board of Directors and spearheading many other activities within the organization. He is a certified social worker who has made a personal and professional commitment to working within the AIDS pandemic. He is a natural communicator, and his reputation as a skilled group facilitator continues to grow. Presently, he is working as an in-patient social worker in Roosevelt Hospital's AIDS Center Program.

FOR FAMILY MEMBERS IN NEED OF A FRIEND

by Fran Herman

The Mother's Support Group was the result of a conversation that I had with Michael Hirsch, founding Executive Director of PWAC.

"There needs to be a support group just for mothers," I said to Michael.

"Stop bull——- and start one," he said in his inimitable way, "And I will give you a place to meet."

When I entered the new location of PWAC, I was very discouraged. The room was badly in need of a paint job. Plaster was hanging from a large hole in the ceiling, and there was no place to sit. Everything changed for me when I saw the fireplace.

"This will be the Living Room," I told Michael.

"This will be the Lounge," Michael responded emphatically.

"Okay, Michael," I answered, "For PWAs it will The Lounge, for Moms it's the Living Room." No point debating with Michael, I knew that.

After awhile "the Lounge" became the "Living Room Lounge" and then simply the "Living Room."

My son Bob was so proud that his Mom was involved. That was in 1986, six months before Bob died of AIDS.

Although I founded the group to help other mothers, I know now that I could not have made it through if it weren't for the Mothers Support Group. Not only was the group helpful to the mothers that attended, but helping them helped heal me.

Fran Herman & her son Bob

The meeting space is a real Living Room now, with lovely wicker chairs, a couch and a coffee table. The Mothers' Support Group continues to meet in the Living Room. Other members of families soon requested support, and we started the Family Support Group. The need to speak to a friend who understands is so strong that a Family Telephone Network has become an integral part of our support. Long lasting friendships have formed with the help of our Family Network. What started as a support group for mothers five years ago has grown into AIDS Family Service of New York

We are currently accepting new clients with AIDS Family Service. To register, please call me at **(212) 691-5689.**

My son Bob was so proud that his Mom was involved. That was in 1986, six months before Bob died of AIDS.

The Rev. Fran Herman is the founder and executive director of AIDS Family Service in NYC. Having lost her son, Bob, to AIDS, she takes special interest in the emotional needs of family members.

AIDS: AGING AND MOTHERS

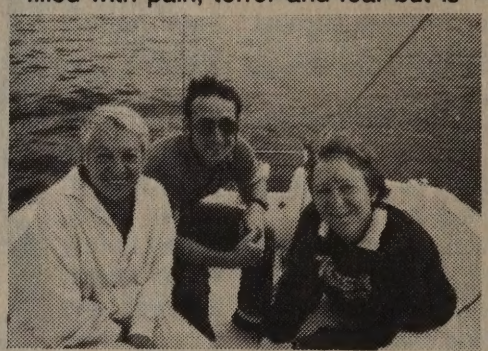
by Florence Rush

I am a mother who lost her son to AIDS. I have also been a participant in a mother's group since August 1987.[1] From my own personal experience with mothers who, like myself, are mothers of adult children with AIDS, I have come to understand that the roles of both the sick child and the mother-caretaker have serious effects on the aging population.

What age groups are we looking at? Many persons with AIDS who have been HIV positive for many years will most likely not develop any related symptoms until well into their early or late thirties, forties or even fifties. We are looking at men and women in their prime and at baby boomers who have now reached midlife or even middle age. And we are looking at mothers who are 25, 30, and 35 years older than their infected child. These mothers, now in their 50's, 60's, 70's and even 80's are senior citizens approaching or actually in advanced old age.

In the world of AIDS, I along with my son Matthew, represent this combination. Had Matthew lived, he would have been 40 years old last November 1990 and I just turned 73 in January of 1991. This is a common alliance between a grown, independent, strong man who has been reduced to a state of child-like dependency and an aging mother who, past her child-rearing and nurturing years, is thrust back into caring for and catering to the most basic needs of an adult who can no longer be self-sufficient. The disease wreaks havoc on both the mother and her offspring. It comes at a time when the sick child has achieved independence and separation from the mother. But now her needed presence speaks of regression to humiliating childish helplessness.

The patient, suffering from a variety of opportunistic infections, is filled with pain, terror and fear but is a modicum of control and capacity to function. The deteriorating body begins to wear down the spirit and the aging mother reflects the patient's helplessness. He finds her anxiety and pain unbearable. She has become too close; almost as when he was a needy infant. So he pushes her away and turns on her in anger. He will send her away and later will call her back. This grown, almost middle-aged man hates being his mother's baby again.[2]



Florence Rush, with son Matthew and daughter Eleanor

Had Matthew lived, he would have been 40 years old last November 1990 and I just turned 73 in January of 1991.

And this disease comes to the mother at a time when she is most vulnerable to the traumas of aging. She may be suffering from high blood pressure, arthritis, the loss of spouse, family, and friends. She has financial worries and limited mobility. Or it may come at a time when she was looking forward to a peaceful life with children and grandchildren who might care for and protect her in her declining years. Instead, she finds herself planning for her child's death; talking about living wills, estate wills, cremation vs. burial and memorial services. It was supposed to be the other way around.

As the mother caretaker of the adult sick child, she must learn to precariously balance herself between catering to the patient's most basic needs without making him feel helpless. How can she hide her distress when he refuses to nourish an emaciated body with food she has so carefully prepared. And in the midst of this devastation, the sick child's mind is clear and alert and he exercises control by disdaining the concern and suggestions offered by his caregiving mother. He will stubbornly object to calling the doctor when his fever spikes. He will refuse the ice packs and cold compresses to cool down his body or hospitalization necessary for treatment and tests. Mother will take care of all household tasks, shopping and hands-on bed care. She bathes, changes linens and bed clothes after a siege of night sweats and incontinence. She must also respect his courageous attempt to determine and control his life. She has undertaken an enormous task and responsibility but must often function without authority.

[1] This paper was first presented at Rutgers School of Social Work during an AIDS training project on November 3, 1990. It was then presented at Hunter College Center on Aging, AIDS, Drugs and Community Health on Jan. 25, 1991. Most recently, it was given at the NYC Council Oversight Committee on AIDS and the Elderly, Feb. 19,1991.

[2] Because my experience has been with my son, the person with AIDS is referred to here as "he." However, mothers of daughters with AIDS are just as involved and often more so. They are frequently grandmothers who late in life also care for their daughter's young children.

The mother of an adult child with AIDS must also begin to confront her own set of internalized problems. She must learn to accept the child's homosexuality while torn by religious, homophobic

Caring Moms, (l to r) Deane Dixon, Florence Rush & Rae Ceil Marsh

understand and overcome a tendency to place blame when she discovers that her child has been addicted to drugs. And, to top this off, like all mothers, she had been conditioned to blame herself for the onset of this disease and for anything else that goes wrong. Moreover, many experts on childrearing and authorities of this illness reinforce guilt and shame by continuing the popular pastime of mother blame. For example, the highly respected and frequently quoted Elizabeth Kubler-Ross, author of On Death and Dying, saying in her most recent book, AIDS: The Ultimate Challenge,

If... parents take time to listen to children... start early in their children's preteen years to talk openly and unashamedly about sexuality... if parents had done so and understood that their children were homosexuals, not sinners... many would have been able to stay in monogamous relationships and perhaps not had so many partners—and not spread the epidemic in such a rampant fashion (1987, p.30).

or,

Had they listened early to their children they may have been able to understand why they were tempted to try drugs and kept them interested in less risky adventures (1987, p.31)

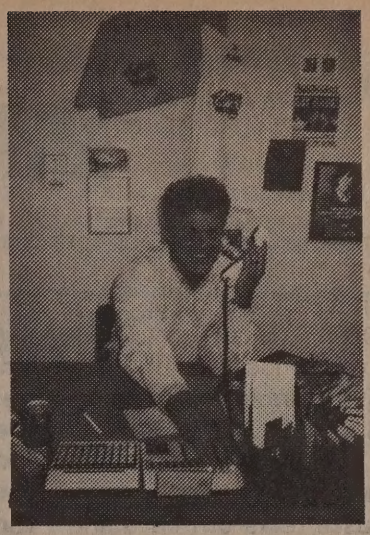
When Kubler-Ross speaks of parents, she speaks of mothers because fathers are not held accountable. She claims that it is the father who is more worthy of compassion because he has "difficulty in accepting his son's homosexuality" (1987, p.36).

But, in fact, it is the mother's compassion that has driven her to France, Israel and Africa in search of a new drug not approved for use in this country. It is her compassion that has impoverished her in her attempt to obtain the best medical and health care; that has driven her to confront the frustrating bureaucracies to get financial and medical services to which her child is entitled. And for all this she is entrenched in a culture where her services, contributions and devotion are taken for granted and even ignored. It is the expected duty of a mother to perform these grinding tasks as a volunteer and socially accepted, unpaid labor. This is what mothers are supposed to do. They are an army of volunteers whose work so often goes unappreciated and unrecognized and not infrequently scorned as masochistic martyrdom.

The only place where she gets recognition and understanding for her anger, despair, frustration and terror is within the mother's support group. It is here she begins to feel human again because it is here that her efforts, concern and courage become worthy of dignity and appreciation.

In the summer of 1987, Rush learned that Matthew and his lover Ron had AIDS. Because Ron's homophobic parents abandoned him, she became caregiver to both men until they died in the summer of 1990.

During this period, she became an active participant in the Mothers' Support Group, which, she says, was her lifeline to sanity and gave her the strength to deal with the devastating traumas inflicted by AIDS. Florence Rush is currently involved in organizing a support group for mothers who have lost a child to AIDS.



MEDICAL MATTERS

DISCLAIMER

This publication is designed to present information to people with AIDS and AIDS-Related Conditions and concerned friends, and is not to be regarded as providing medical advice. The appearance of information in this publication does not constitute an endorsement of that information by the People With AIDS Coalition/New York. Consult your health care providers for medical advice before undertaking any treatment discussed herein.

The appearance of any person's name or image in this publication does not imply anything about their health status or sexual orientation. Views expressed herein are those of the bylined author and do not necessarily express the views of other authors, the Coalition or any other organization.

ANTIVIRAL THERAPY: PART II

by Matt Powell

This article is the second part of the Antiviral Primer printed in our May issue (#65). It is meant only as a guide to currently available therapies. For a complete copy of the Antiviral Primer, call the PWA Hotline *at* (800) 828-3280 or (212) 532-0568.

ddC: In vitro, ddC is the most potent reverse transcriptase inhibitor of the nucleoside analogs. The primary side effect is peripheral neuropathy.

ddC is available through Hoffman LaRoche expanded access, but they have made the approval process difficult. Your doctor can call 1-800-DDC-21-HIV. It is recommended that you call CRI at (212) 481-1050 for assistance in this process.

ddC is also available in the underground. Bear in mind that the AIDS underground market has all the pitfalls of any uncontrolled drug market. Contact Alliance 7 at (619) 281-5360. Capsules are generally preferable to tabs, and are sold at Alliance 7 for $55/400 caps, or at PWA Health Group for $90/400 caps, with half price for Medicaid. Call the Health Group at (212) 532-0280.

The lowest dose for which there is evidence of safety and efficacy is 0.03 mg/kg per day. For 165 lb. person using 0.25 mg tabs, this translates to 9 tabs per day. Three tabs taken 3 times a day is reasonable.

Combination Antiviral Therapy: With the emergence of multiple antiviral agents, we are now afforded the option of combination therapy. This is the norm in cancer and antibacterial therapy, and seems to be the next step in HIV therapies.

There are several ACTG studies under way, and interim results appear promising. Let us review some of the more salient features of combination therapy.

Efficacy: There is the possibility of increasing efficacy in combination. A synergistic, rather than additive, effect is possible if the right combination is found. Strains resistant to one antiviral might be vulnerable to another.

Toxicity: Using two or more antivirals at lower dosage might reduce toxicities. This might help to allow the use of drugs with overlapping toxicities. But beware—you can also enhance toxicity. It could also induce allergic reactions or toxic effects which are not present with either agent alone.

For example, ddI and ddC both have peripheral neuropathy as a potential side effect. Hence, the initial ACTG combination trials are concentrating on AZT-ddC combinations.

Resistance: AZT resistant strains have been isolated from patients undergoing AZT therapy. Also, clinical experience frequently shows a decline from the often-experienced initial improvements apparently gained from AZT. From this, the community has assessed that we become resistant to AZT with exposure. Two points are in order: 1) we don't know how the in vitro resistance translates into clinical terms; 2) HIV is a progressive disease. How do you discern diminishing returns from natural disease progression?

Here's the theory: The less

disease progression?

Here's the theory: The less selective an antiviral is, the less likely it is that antiviral resistant strains will develop. Hence, combination therapy might delay the development of resistant strains. The down side is that genetic adaptations resistant to both drugs could emerge.

Scheduling Drug Combination: There are three general strategies with numerous dose permutations.

1) Intermittent Dosing: This is when you use a drug or combination for some period of time followed by a period during which you are off antivirals. Initial impressions are that this is probably not the best strategy and it is not being as actively pursued in research.

2) Alternate Dosing: This is when you are on one drug for some period of time and then on a different drug for the same period of time, etc. The periods under investigation at the ACTG are one week and one month.

I recently discussed interim results of ACTG 047 (alternating ddC and AZT) with Dr. Gail Skowron. I must stress that her results are preliminary and cannot be considered conclusive. It appears that they are getting better results with less toxicity using a one month schedule rather than a one week schedule. The greatest T4 increases occurred at the highest doses, which is to be expected in the short term of any strategy. For more details, consult 1-800- TRIALS-A, or Kevin Armington's excellent article in *Treatment Issues*, Vol. 4, No. 5.

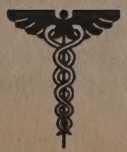
3) Simultaneous Dosing: This is when you administer multiple antivirals simultaneously. This might allow the use of lower doses of each. There are no conclusive results to discern alternate from simultaneous dosing.

I am obliged to note that Project Inform has been disseminating interim results of a simultaneous low dose ddC-AZT trial that are so good that the combination appears to go beyond synergy and straight to magic. That's the problem: the results sound too good. I have not been able to confirm any similar results from other sources. Be skeptical—the final score has not

AERO-PENTAM STUDY YIELDS QUESTIONABLE RESULTS

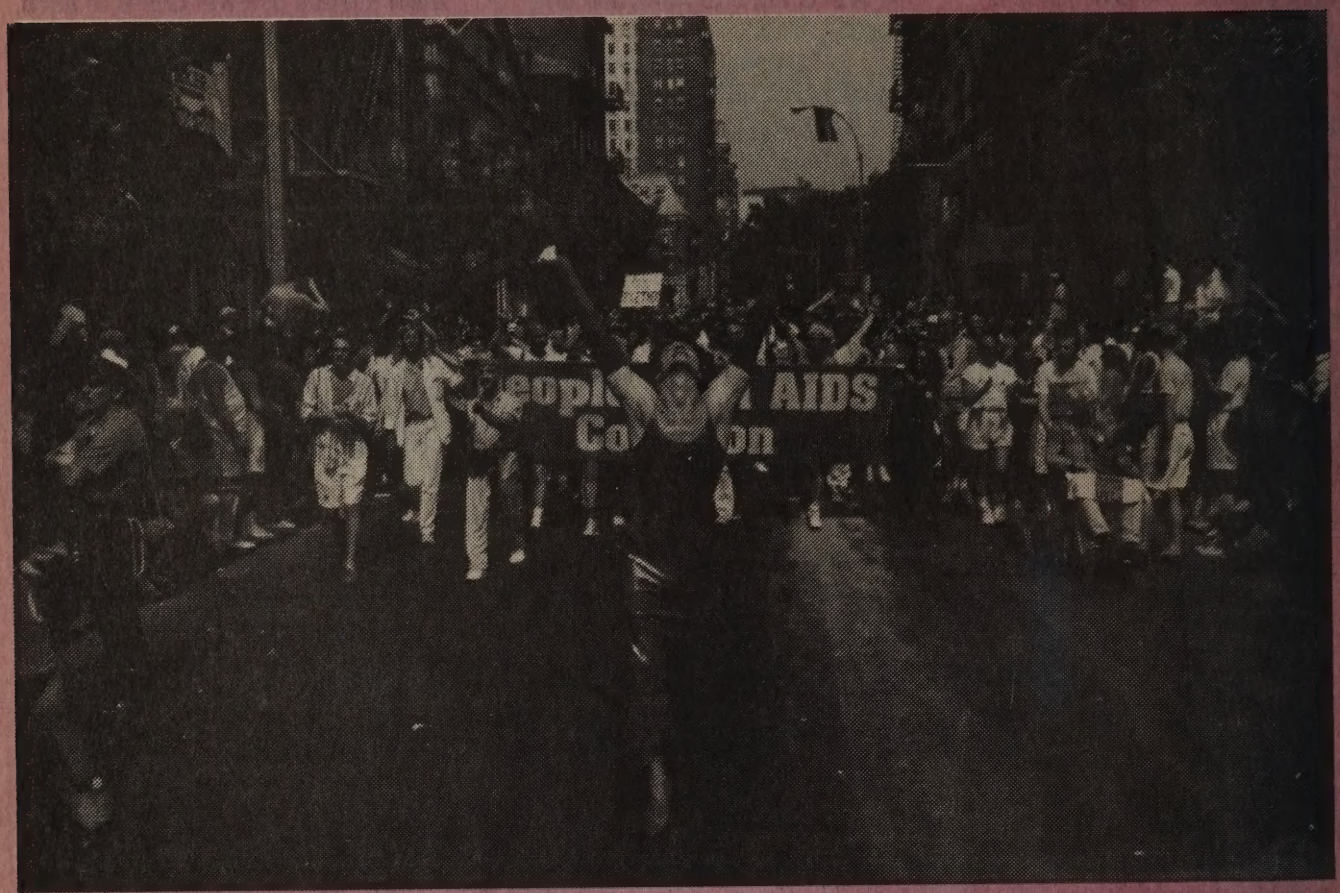
Results of the largest study so far of aerosolized pentamidine as primary prophylaxis against PCP were recently published in the "New England Journal fo Medicine" (April 16, 1079-83.) The one year study of poeple with AIDS, advanced ARC, or CD4 levels below 200 revealed that, "A dose of 300 mg of aerosolized pentamidine given every four weeks was well tolerated and 60-70% effective in preventing a first episode of PCP in patients with HIV infection." These disturbing results are offset by the fact that only 66.3% of the 114 subjects given pentamidine missed fewer than two monthly treatments. An additional three subjects presented PCP during the first month on the drug. "When the analysis of effectiveness is restricted to compliant patients who had inhaled at least three times, the estimate [of effective primary PCP prophylaxis] rises to 90 percent.

We will report more on this in next month's *Newsline*.



"Medical Matters" continues on page 42, after the centerfold...

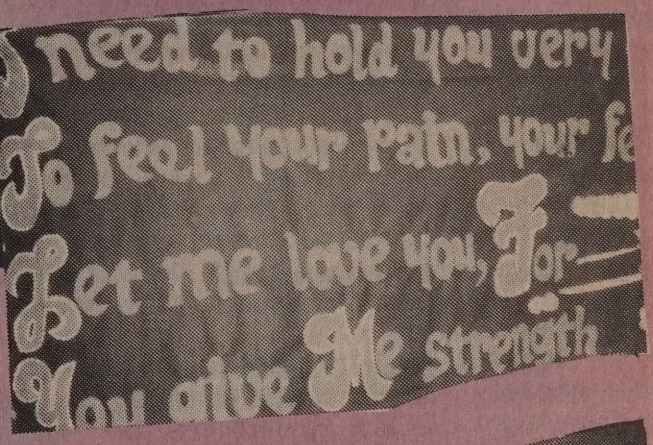
PRIDE ISSUE

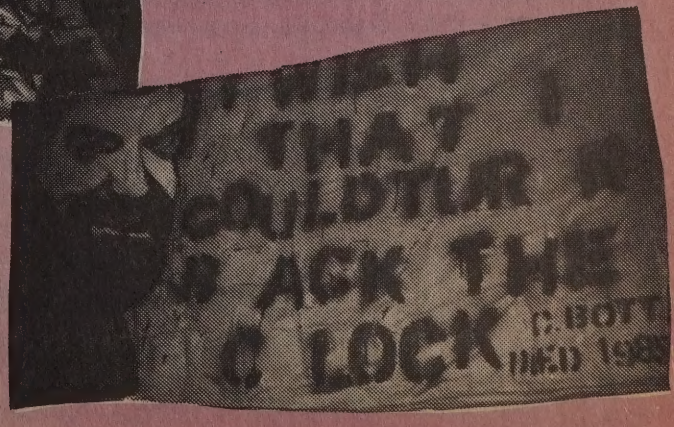


We're Here!!

PWA

LEST WE FORGET...





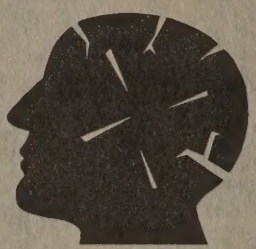
TOXOPLASMOSIS PRIMER

by Matt Powell

What Is Toxoplasmosis? Toxoplasmosis Encephalitis (TE) is the most common form of encephalitis (brain inflammation) in patients with AIDS. It can also cause convulsions hydrocephalus (convulsions caused by "water on the brain," an excess of CSF in the skull), eye diseases, mental retardation and death.

What Causes Toxoplasmosis? Toxoplasmosis is caused by a protozoa (unicellular organism) called toxoplasmosis gondii.

How Prevalent is Toxoplasmosis? In the United States, at least 10-40% of adults are chronically infected. At least 30% of AIDS patients who are seropositive for T. gondii will ultimately develope TE. HIV-infected patients who are seropositive for T. Gondii become potentially vulnerable to activation of latent infection below a CD4 count between 400 and 250. By 1992, estimates are that 10,000 to 40,000 PWAs will be diagnosed with TE.



What Are The Symptoms? 33% of patients with toxo have seizures. 44-78% complain of headaches which do not respond to common pain killers. 10-74% complain of fevers. Other common symptoms are mood or personality changes, confusion, paralysis, muscle spasms, changes in vision (particularly double vision, visual field loss, sensitivity to light) and difficulty walking.

If untreated, TE progresses rapidly and can lead to coma and death in six weeks.

Diagnosis: In PWAs, serological testing methods are unreliable and brain biopsies have a high morbidity.

The method generally used is presumptive diagnosis. This entails verification of the patient's risk for TE serologically (detection of IGg toxoplasma antibodies) and radiologically (detection of intracerebral lesions by CT scan and MRI). If risk of TE is suggested, treatment commences and the diagnosis is confirmed if there is a response within 14 days.

Primary Therapy: The present standard is pyrimethamine (200 mg loading dose followed by 75-100 mg/d), combined with sulfadiazine (4-8 g/d). For sulfa intolerant patients, sulfadiazine is replaced with clindamycin (300-600 mg, q 6-8 h). Pyrimethamine can cause leukopenia (low WBC count) and neutropenia (low neutrophil count). To help prevent this, folinic acid (10-50 mg/d) should be administered concurrently. Clindamycin's most severe toxicities are diarrhea, colitis, abdominal pain and skin rashes.

Maintenance Therapy: Relapse of TE after withdrawal of therapy approaches 100%, so lifelong therapy is indicated. The same drugs are generally used in lower doses: Pyrimethamine — 25 mg/d; sulfadiazine — 2 g/d; clindemycin — 300-600 mg/d; folinic acid — 5-20 mg/d.

Pyrimethamine has a 5-7 day half life, so it probably could be administered at 50 mg/d every other day.

How Can You Avoid TE? 1) Have a toxoplasmosis antibody titer to assess risk;

2) Always clean cat litter boxes with surgical gloves and mask. Test your cat for toxo and have it treated if seropositive. Do not give away your cat.

3) Avoid undercooked meats.

What Other Drugs Are Being Tested? Azithromycin, clarithromycin, 566C80, gamma interferon, dapsone, bactrim/septra and pyrimethamine alone.

Azithromycin and clarithromycin are available through the PWA Health Group (212-532-0280) but are very expensive.

Gamma interferon should be available off label soon.

For further information, consult *Treatment Issues* Vol. 5, No.3, March 28 1991, and the *Countdown Eighteen Months Plan* by the Treatment and Data Committee of ACT UP/NY.

For up-to-date treatment information, call:
PWAC AIDS Treatment Information Bureau, at
(212) 532-0568, or outside NYC, (800) 828-3280

UNDERGROWTH: LEVAMISOLE*

by Garance Franke-Ruta

Sometimes, it seems like the only things that change with AIDS drugs are the names. Recently, the drug levamisole (levamisole hydrochloride, L-tetramizole, Ergamisol) has received a certain amount of attention. Unfortunately, it is following the now well-trod path of so many potential AIDS drugs: although *in vitro* evidence, and experience from other diseases, suggests that it has immunostimulatory effects, little or no research has been done in people with HIV.

Unfortunately, much of the attention was prompted by a less-than-meticulous article by J.J. Gerhardt, "Levamisole vs. Imuthiol: The Politics and the Promise," in something called the *Journal of the MegaHealth Society*. After the article was reprinted or excerpted in a number of AIDS newsletters, mostly without comment, buyers' clubs around the country responded to demand and began to sell the stuff.

So what's the problem? Don't we regularly argue in these very pages that people should have the freedom to choose treatments in spite of a lack of formal validation? Well, yes. But the rest of the argument goes: *...an informed decision based on as much information as is available.* That is hardly what is going on here.

At best, this article's effusive praise of levamisole is misleading: the drug is simply not completely non-toxic, nor is its supposed efficacy in HIV disease so clear. At worst, it is designed primarily to sell levamisole. Commenting on DTC and Levamisole, Gerhardt offered the following comment: "They may be quite different. I may have been wrong in that article." He says he is considering writing an update. Stay tuned.

So why take the stuff? One reason is that Pasteur Merieux' DTC (Imuthiol), a structurally similar compound, was developed to mimic levamisole's immunostimulatory effects. (DTC has been shown in three placebo-controlled studies to reduce the rates of opportunistic infections in people with AIDS/HIV.) Since the supply of DTC has been erratic at best, levamisole seems to many to be a reasonable alternative.

Commenting on DTC and Levamisole, Gerhardt offered the following comment: "They may be quite different. I may have been wrong in that article."

Finally, an impressive body of work has documented levamisole's immunostimulatory effects — albeit in diseases other than AIDS. After more than two decades of research,

BEAM ME UP, SCOTTIE!

We can't stress enough how difficult it is to extrapolate toxicity information from experience treating diseases other than AIDS. Nevertheless, with levamisole, it's all we got. Repeated dosing of levamisole has been shown to cause side effects — both dose and frequency related — in 5-20% of those who take it. Read on:

☛ *Allergic reactions*, including skin rash, mouth ulcers, fevers, and rarely agranulocytosis (severe leukopenia: low white blood counts), the most dangerous potential toxicity which can be fatal. Although it is frequently accompanied by a flu-like syndrome, it is occasionally asymptomatic. Careful blood monitoring is essential.

☛ *Neurological reactions*, including sensory stimulation, a hyper-alert state, mood-elevation, insomnia, headache, dizziness and fatigue. (Levamisole kills worms by affecting their nervous systems — it's no surprise that it would affect your nervous system, too.)

☛ *Gastrointestinal reactions*, including nausea and, less commonly, vomiting and diarrhea. Altered or metallic taste (as with DTC) has also been noted.

Levamisole is rapidly absorbed, and peak plasma levels are achieved within 2 hours after a 150mg dose. It has a plasma half-life (the amount of time for half of the drug to be cleared from the plasma) of about 4 hours, and is virtually eliminated from the body within 2 days. The two dosing schedules used in cancer (150mg/day for 2 consecutive days of the week, or 150mg/day for 3 consecutive days, every other week) were developed empirically to minimize side effects. The latter is believed to be associated with the least toxicity.

Levamisole is extensively metabolized by the liver, like AZT. Although nothing is known about taking the drugs concurrently, it is conceivable that the two might compete for metabolism, and that the pharmacology of either AZT or levamisole could change due to the presence of the other drug. It is also possible that the two drugs could have additional side effects, such as anemia and leukopenia, that could be problematic.

however, levamisole's actions and mechanisms of action are still poorly understood. Its ultimate utility awaits a deeper understanding of the immune system and of the disease processes it is being used to treat.

THE SEARCH FOR A DISEASE...

For many years, levamisole has been (another) drug in search of a disease. It was developed in 1966 by researchers at Janssen Pharmaceutica as a non-toxic animal wormer, and was later approved by the FDA for veterinary use. In 1968, it was used to treat human worms. (We know a few of those.) Since then, it has been used for a veritable panoply of disease, including: herpetic and aphthous ulcerations, Bechet syndrome, leprosy, genital warts, Crohn's disease, childhood upper respiratory infections, rheumatoid arthritis, systemic lupus erythematosus, Reiter's syndrome, hepatitis, and post-viral anergy following influenza or measles.

Clinical trials have been conducted in non-small cell lung cancer, as well as breast, gastric, ovarian, cervical, head and neck, colo-rectal, and central nervous system (CNS) cancers; melanoma; leukemia; multiple myeloma; non-Hodgkin's lymphoma; and Hodgkin's Disease. The results from treating cancers with levamisole are as diverse as the cancers themselves. Sometimes (colo-rectal cancer) it helped. Sometimes it had no effect. Sometimes (breast cancer) it was worse than the standard therapy.

In June 1990, the drug was approved by the FDA for adjunctive therapy (with 5-FU) for Duke's grade C colon cancer. It was approved 7.5 months after the New Drug Application (NDA) was submitted — ironically, one of the quickest reviews in 1990.

WARNING!!!

Contrary to what may have been reported in other treatment newsletters, the product literature supplied with levamisole notes that it can cause a violent intolerance to alcohol. (Just like Antabuse.) If you take levamisole, DO NOT USE OR CONSUME ANY PRODUCTS CONTAINING ALCOHOL ONE DAY BEFORE AND TWO DAYS AFTER TAKING LEVAMISOLE. THIS INCLUDES ALL LIQUOR, AS WELL AS COLOGNE, CERTAIN HERBAL EXTRACTS OR FLAVORINGS, COUGH-SYRUP — EVEN CHERRIES JUBILEE!

AIDS: THE FINAL FRONTIER

The only report we have located in the scientific literature about levamisole's use in people with AIDS/HIV is a short letter to the editor in Annals of Internal Medicine, published in 1985. A group of investigators from Los Angeles began a placebo controlled study in people with AIDS/HIV, but discontinued it after enrolling only five people (3 on drug, 2 on placebo), due to the occurrence of one or more adverse drug reaction in all of those on drug. Participants were given a single 5mg dose per week. (*Five milligrams*? One of the investigators was asked if that was a typo, but he couldn't remember what dose they used.) Two of three on levamisole developed leukopenia (lowered white blood cell counts) one week and three weeks after beginning treatment. The third developed skin rash and fever within hours of receiving the drug.

There was no reported improvement in immune status. Two of three on levamisole had a slight increase in responsiveness to concovalin A — a test that looks at the functional ability of the cells of the immune system. Although it is not specified how long people were followed, research in other diseases indicates that the effects of levamisole on the immune system begin the day of ingestion.

Dr. Gildon N. Beall, Director of Allergy and Immunology at the Harbor-UCLA School of Medicine, and one of the authors, was unable to recall the specifics of the study, but emphasized that for those treated, the risks far outweighed the benefits. He also noted that those in the study were very ill, and that he wouldn't be surprised if adverse reactions were less frequent in people who were asymptomatic. People with HIV, especially those with AIDS, have a higher rate of adverse reactions to many drugs than other people. Dr. Beall has since moved on to studying drugs he thought to be more promising — like ddI.

THE VOYAGE UNDERGROUND

Underground, where it's too often dark and damp, levamisole has proved to be yet another example of how bad information can grow like mold. Based on dubious information at best, a number of treatment regimens have surfaced around the country. The PWA Health Alliance (Ft. Lauderdale, FL), headed by the inimitable Lenny Kaplan, claims to be monitoring a group of people on levamisole in the US and in Europe. Their protocol (a generous use of the term) describes a dosage of 75mg/day on two consecutive days of the week. A number of buyers' clubs around the country can help you get levamisole — to the best of our knowledge, though, most of it is bootleg, rather than pharmaceutical product. The PWA Health Group plans to offer Janssen's Decaris, which is sold in Mexico. It will be available in boxes of 2x50mg tablets, for $3.35. All imported forms are

for $3.35. All imported forms are cheaper than Janssen's Ergamisol (36x150mg), however, which is available by prescription at your local pharmacy for around $220.

**This article was edited from its original printing in* Notes From the Underground *(May 1991, Issue #9), the newsletter of the PWA Health Group.*

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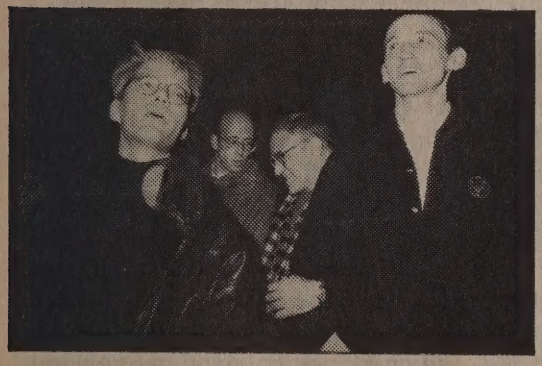


AIDS - assistance, assist, help, ally, advocate, secours, socorro, rally, support, accomodation, succor, co-operation, recourse, stand-by, lift, relief, service, care, resource, benefit, friend, ayuda, helping hand, subsidy, humanitarian

REVIEW

by Dixie Beckham, CSW, ACSW

AIDS-RELATED PSYCHOTHERAPY,

Pergamon Press, New York, 1991
Mark G. Winiarski

> "This book is about a psycho-therapeutic relationship that is unlike any other: A relationship that can encourage and reveal the human spirit, but always against the stark contrast of anxieties about life, the difficulties inherent in a life-threatening chronic illness, and loss."

The author's introductory statement summarizes his goals in writing this book. Many have tried to achieve the same, but few have succeeded. Mark Winiarski's book is one of the few truly useful "how to" books for the psychotherapist working with people with HIV disease.

"AIDS-Related Psychotherapy" is divided into essentially five parts. *Part One* explores the medical and sociopolitical issues if HIV disease. *Part Two* examines the work of psychotherapy: its goals, the therapeutic contract, neurological issues, and the consultation-case management model. *Part Three* looks at the impact of this work on the therapist. *Part Four* covers issues such as HIV testing, AIDS prevention, the IV drug user, the worried well, and issues of spirituality. The last section is a guide to AIDS resources.

What is unique about this book is the combination of up-to-date, useful medical and psychological information, and the author's truly informed and gutsy insights about what it is really like to do this work.

The medical information includes a chart on common HIV-related conditions, their causative agents, symptoms, and available treatments with their side effects. In a discussion of the ethics and trends in drug research, Winiarski notes the heartbreaking effect of the "drug of the month" phenomenon on both the PWA and his/her clinician.

Winiarski discusses the issue of chronicity versus quality of life. With improved treatment available for opportunistic infections and other AIDS-related conditions, the lives of HIV seropositive persons have been extended. This raises the question of dementia or other debilitation for PWAs if they live longer. As he does throughout the book, the author stresses that the task of the therapist is to help the client reach an informed choice about length and quality of life issues. For the psychotherapist unfamiliar with AIDS dementia, there is a useful section on coping strategies for clients with dementia. His suggestions include:

1) Maintain consistency of environment. The patient's living quarters should remain the same. Food should be kept in usual positions in cabinets and the refrigerator.

2) Create a "Care Team" to help the patient cope and to monitor the patient's condition. Friends should call to check in and a system should be arranged that includes access to the PWA's home. Survey the home for dangerous substances and objects and remove them.

3) Clients are encouraged to write all appointments in calendars and to consult the calendar frequently.

4) Clients should use gadgets such as pill boxes which can be set to beep at medication time.

5) Friends and visitors should orient the patient to time, place and circumstance.

6) Caregivers must have a realistic outlook on the amount of support they can provide. "Too often, a caregiver will castigate him/herself for becoming fatigued, irritable, wanting respite, or fantasizing escape. These are natural feelings that accompany caring for a chronically ill and debilitated person."

The chapters on the therapist, what s/he feels and what s/he brings to the session, are unique and powerful. "I've had people say to me, 'Thank God for AIDS. It takes care of the blacks, the Puerto Ricans, the homosexuals.' I can deal with people who say that because their prejudice is overt. It's the subtle prejudices that are hard to deal with, and I think that each of us needs to look at the prejudices in ourselves when caring for a person

What is unique about this book is the combination of up-to-date, useful medical and psychological information, and the author's truly informed and gutsy insights about what it is really like to do this work.

with AIDS," writes Winiarski.

He is very clear that no one should be doing this work without self-scrutiny, both in one's own therapy as well as in supervision. In this context, he discusses countertransference both in the "narrow spectrum and the "broad spectrum." Narrow spectrum countertransference, or subjective-countertransference, are the feelings that therapists brings to the session based on their own history, having little to do with the client. These feelings, according to Winiarski, are counterproductive to the therapy because of their extraneous nature. Broad spectrum, or objective countertransference, refers to the feelings, such as irritation, anger, or feeling manipulated, that are evoked or induced by the client. These may be useful indications of how the client is in her/his environment.

As issues of countertransference are negotiated in the course of therapy, the expectations which client and therapist have of each other are worked out in a similar manner. The client requires a promise of "safe conduct," or some pledge that the therapist can be counted on. In return, the therapist may expect gratitude, cooperation, or recovery from illness. If the client fails to recover from an illness, the therapist may become angry or demoralized. If s/he is unaware of these feelings in working with a PWA, the therapy will certainly be negatively influenced. "Awareness is everything" seems to be a central theme of the book.

Also useful to a therapist new to working with AIDS is Kubler-Ross' five stages of terminal illness: denial, anger, bargaining, depression and acceptance. Winiarski points out the frustration waiting for the misguided therapist who tries to push a client too quickly through the stages, and the ensuing sense of failure when this is not accomplished.

As death nears, the tendency is for the client to distance him/ herself from the therapist and vice versa. Winiarski urges the therapist to explore any form of distancing from the client in one's own therapy or in supervision. When saying goodbye to a patient who may die before he returns, he suggests a positive statement in the present tense, such as, "It's always good to see you." This expresses closeness and does not end the relationship.

"I've had people say to me, 'Thank God for AIDS. It takes care of the blacks, the Puerto Ricans, the homosexuals.'"

Having worked in a hospital setting for several years with PWAs, I was often told I needed to "toughen up" to be able to continue working with people who were struggling with living and dying. I was delighted to read Winiarski's response this belief that is "the first and most deadly of misconceptions.... [For] to be tough means the practitioner is inaccessible — unable to experience another's feelings because of a decision not to experience one's own."

That statement alone is worth the price of this book. Mental health practitioners need to hear this, particularly those in hospital settings where "tough" seems to alternate with "hard" as the word of the day.

The one fault with this book was Resource list in the final section: it was not comprehensive enough. For example, Body Positive was listed with the London address and phone number, not too useful to the American reader. The PWA Coalition was listed under Political Action Groups, while it should have been listed in the Newsletter section.

"AIDS-Related Psychotherapy" is a book that I would readily assign as a basic textbook in an AIDS course for mental health professionals. It covers all the important issues that clinicians should know in working with PWAs. The book will be as useful for the therapist with several years' experience working with this population as the clinician new to this field of practice.

Dixie Coates Beckham, CSW, ACSW, is a psychotherapist and Co-Director of Chelsea Psychotherapy Associates in New York City. She was formerly the AIDS Clinical Coordinator, then the Education Coordinator at Memorial Sloan Kettering Cancer Center. Previously, she was a team leader and a group leader at GMHC from 1983 to 1986.

MARK WINIARSKI, Ph.D.

Dr. Winiarski is a clinical psychologist and faculty member in the Department of Epidemiology and Social Medicine at Montefiore Medical Center/Albert Einstein School of Medicine, Bronx, NY. He has also worked as a staff psychologist for the Spellman Center for HIV-Related Disease at St. Clare's Hospital in NYC and is on the staff faculty at Columbia-Presbyterian Medical Center. Dr. Winiarski currently practices psychotherapy in Forest Hills, Queens. Prior to his work in psychology, he was a reporter for the *Kansas City Star* (MO) and the *Houston Post* (TX). Dr. Winiarski told *Newsline* that when he began doing AIDS-related psychotherapy he could not find any one thing that was very helpful. There were some scattered articles, but no one book. "I was confident I could write," he said, "and it needed to be written."

WISHING FOR WINGS

3 a.m. — in the farthest corner — anxiety fogs the eyes
above a skyline of city lights, signs and satellites

slow drift...acceptance finally of all that is inevitable,
when the human dwarfs by circumstance, then a virus?

yet the heart — how it expands — in godless collapse,
breath floats feverish-high while you hear nothing,

but "ah" ... bouncing back against the plate glass window,
shadows of a patient with his partner lean, o life!

side by side — in this hallway — overlooking east where
the sun soon shall rise, form, figures and faith blur.

—Assoto Saint
NYU Hospital Coop Care

AIDS TALK

"what's your lover in for?"
bill asks bob in the cafeteria
as he bites his toast

bob chews his cereals carefully
and answers "cancer" then he asks
"how about yours?"

"pneumonia," bill coughs up
gulps grapefruit juice then asks
"what kind of cancer?"

bob frowns then whispers "k.s."
as he spoons milk to his lips
he asks bill "p.c.p.?"

—Assoto Saint
NYU Hospital Coop Care Cafeteria

PRISONERS PERSPECTIIVES

AIDS IN PRISON FACT SHEET — MARCH 1990

From: Correctional Association of New York, 135 E. 15th St., New York, NY 10003
(212) 254-5700

❑ New York State has more with HIV infection/illness than any other state. Prison officials estimate that about 8,000 New York State prisoners have HIV infection.

❑ Since 1981 over 815 people have died of AIDS in New York State prisons. New York prisoners are now dying of AIDS at the rate of 220 per year.

❑ Of the 8,000 or so HIV seropositive prisoners, over 800 are symptomatic. New York's prison system has the highest caseload of persons with AIDS in the country.

❑ 60-70% of New York State's more than 52,000 prisoners have a history of drug abuse. That's about 32,000 to 37,000 people.

❑ New York State currently spends $1500 per year per inmate on health care. That's half the amount allocated by California and Illinois for prisoner medical services.

❑ Last year over 21,000 prisoners were released from New York's prisons. More than 600 of them had symptomatic HIV illness and many more were seropositive.

❑ Inmates with AIDS and a history of IV drug use survive an average of *half* as long as IV drug users with AIDS in New York City.

❑ The death rate for AIDS among New York State's general population is 20/100,000. The AIDS death rate for parolees in New York is 331/100,000.

There really is good news about LIVING and THRIVING with HIV and AIDS. There will be a very special meeting of the **HIV SUPPORT GROUP**
Just for parolees, people on work release and ex-offenders
Meets Tuesdays 6:00 PM at the Osborne Association, 135 E 15th St.

We want to talk about things like:

- ❑ Medical breakthroughs and treatments
- ❑ Fun and safer sex
- ❑ Nutrition
- ❑ Entitlements and Benefits
- ❑ Special housing benefits for HIV+ people

PRISON PROJECTS

Wanted: Letters

"I am an inmate at Trenton State Prison in New Jersey. I have full-blown AIDS and I am presently being housed in the Special Medical Unit at the prison. I am putting together a letter project and I need your help. I need letters (basic life stories) from people with AIDS in prison. I would like to let the public know the intimate emotional changes men and women go through having AIDS and being incarcerated. The letters can be signed on a first name basis if necessary and a picture would be good if possible. Please have all letters sent to:

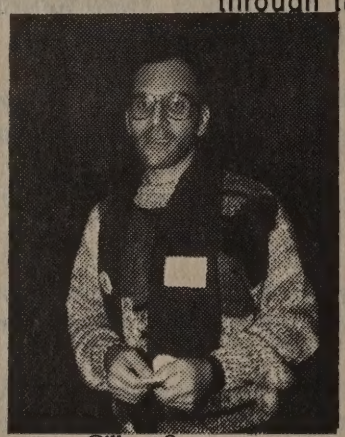
PRISON LETTERS PROJECT
47 Whitney Hill
Parkridge, NJ 07656

Fishkill Correction Facility

"My name is Raymond J. Smith, Publisher/Founder of New York's first AIDS/HIV Prison Newsletter and Medical Journal. I am proud to state that an inmate who was recently released [Gilbert Serrano] left a wonderful AIDS/HIV resource library with over 6,000 publications," which is available to all prisoners, in all prisons. To access this library and a comprehensive educational program entitled "Prisoner AIDS Information Network," which includes information, services, contact lists and my newsletter, "Ryan's Vision," just send your name, number and address to me in care of **Deacon O'Reilly, The Catholic Chaplains Office, Fishkill Correctional Facility P.O. Box 307, Beacon, NY, 12508.**

NO REST ON THIS P.I.L.O

Ronald Manning from the Albany County Penitentiary has empowered himself and will be empowering prisoners with AIDS/HIV to write about and report their experiences from the inside. "PWAs Inside Looking Out" (PILO) will be a newsletter by and for prisoners with AIDS/HIV in New York State. Ronald is to have the first issue out in May, but the feathers are still floating in the air around him as he makes his way through the bureaucracy of such an empowered statement. For information and to submit articles, write: Ronald Manning, 840 Albany Shaker Rd., Albany, NY 12211.



Gilbert Serrano

Photo by: Tom McGovern

Dear Editor:

I am writing just to inform you of the fabulous job you did in editing PWA *Newsline* (April edition), and to tell you of a grave problem I am facing within the New York State Prison System, both as an activist for Gay/AIDS/HIV issues, and as prisoner myself.

Every day I see the many men lost to ignorance about AIDS/HIV. I observe a prison administration who remains in denial about the extent of HIV transmission within the prison, through IV drug use and homosexual "unsafe sex." This is a residence where 1,600 prisoners roam, with plenty of idle time, but no education in regards to AIDS/HIV. This is a severe problem, not only within prison, but in society as well. Many people just don't want to recognize the problem, deal with it and become united for the cause we all share.

A fellow prisoner who found himself incarcerated here attempted to publish manual he wrote for the education of prisoners. The prison officials never managed to get together to make the manual a published reality, even though the quality and educational value were fantastic. I tell you these things to outline the denial Prison officials are in, even though an estimated 9,000 New York State inmates are HIV+, and 1,400 are currently suffering from AIDS. It is further estimated that 40% of U.S. prisoners, who are HIV+, find themselves in New York State prisons.

Another GRAVE problem is that of gaining support from the outside, in the form of reporting, articles, and publicity. To date I have written three articles, submitted to various AIDS/HIV newsletters, none of which have been printed as of this writing. A Long Island newsletter recently asked their senior editor and reporter to write a story of prisoners with HIV, yet when she completed the story and turned it in, the people over her cut the article in half, deleted major points and restricted her from mentioning that the wardens refused her interviews with prisoners. These are very important issues which society needs to know. There is a massive coverup with the prison system, yet

nobody knows it. Another newsletter in New York City recently slammed activism, stating that it was dead; however, this same Newsletter does not report on prison AIDS/HIV problems, or offer any type of assistance to inmates confined in jails and prisons.

If prevention is ever to become a serious issue, the organizations in society must realize that prisons are AIDS-stricken just like anywhere else in the free world. Thank God the *Newsline* recognizes the oppressed prisoners, for we are grateful, yet find ourselves wondering... Will education ever be implemented in our society? I guess that's up to Mr. Cuomo, if not, why be against the death penalty for murders? He's killing everyone else...

Fighting for my 20 year old life!—
Raymond J. Smith, Fishkill Correctional Facility

THE REAPER AND ME

The Reaper first introduced himself in October of 1989. His introduction was a very unpleasant one. I then came to find out that his real name is AIDS. He does not have any compassion, sympathy or feelings. He is a very unpleasant partner to have, but hard to get rid of. I can feel him in my mind, body, and in all my thoughts. He is constantly stalking me, every day and night. He is known to be very sneaky and will leave me alone for long periods of time. I have beaten "The Reaper" twice, but every time he strikes, he brings along his soldiers, PCP, TB, and Toxoplasmosis, to name a few. His mission is to take you into the pits of Hell. He will make you miserable and hate life, that you can only guess and surely know, that his leader is the Devil.

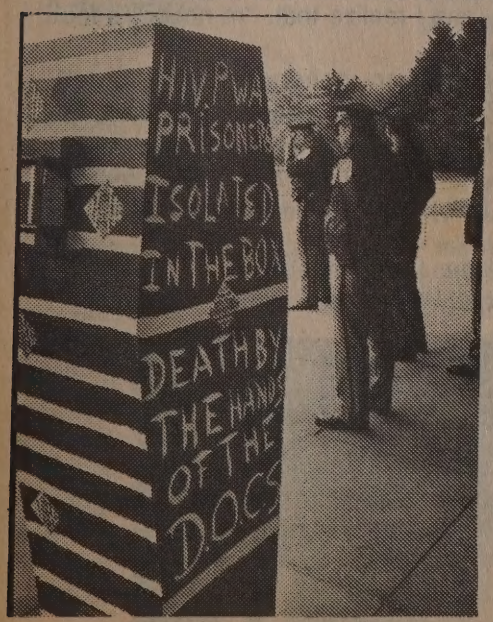
His greeting in the morning is a greeting of pain. It's just to remind me that he is stalking me. I greet him back and tell him that I will beat him again, whenever he is ready for the third showdown. I have many times asked him: Why? I can feel him answer me, he does not care.

No medication can stop him, but one—my God. My God has given me "the two golden keys," spiritual faith and willpower. I will expose The Reaper's weakness, by letting everyone know about the "two golden keys" that can surely beat him.

Just not so long ago, he became very upset with me because of the "two golden keys." He almost succeeded with his mission. When I got over the battle, I cried. I cried because, besides other close friends, I thought about my family, who love me dearly and are my strongest support, and I almost let them down. The Reaper and me are partners, but also enemies. His middle name is HIV-positive, but his full name is "Reaper—HIV-positive—AIDS." He hates guys like AZT and Pentamidine, but the ones he really hates are the "two golden keys," the keys of survival. This is the story, about the Reaper and me. Fight the Power!

Dedicated to all the brothers and sisters who continue to stay strong in the struggle with AIDS.

BY LOUIS FIGUEROO



On May 3rd, a Coalition of activists from ACT UP in NYC, Troy and Ithaca, and Emmaus House in Harlem demonstrated in front of the Dept. of Corrections in Albany. 130 demonstrators called for resignations and more care for prisoners with AIDS. *Photo by Tom McGovern*

BLUE NOTES...

PRIDE $$$

How does a PWA ask other PWAs to consider PWAC as a beneficiary in their wills? It's been done before here by Mike Callen, it's done by the NYC Lesbian and Gay Community Center, GMHC, and everybody else, without shame or remorse. This is not novel and the request by PWAC has not gone unanswered. PWAC has been the beneficiary of quite a few dead people and the generosity of these people has often been the saving grace of PWAC's illustriously perceived ass.

"Why should I save this organization's ass?" a friend asked me at dinner (he has the $$ to do it). "You're always complaining about its lack of achievement." "Well, my dear," I begin, sipping on his liquor, "there's no other organization that can provide PWAs the tools and resources for their own actualization and community identity... How's that?"

"Not good enough," he answered tersely. "You and that organization can justify itself much better. What I want... no, what I need to know is why every other lame organization can get their name out there, but PWAC can't except incidentally. Why is PWAC always the step-child?...Another drink?"

"Good question."

"Drink?"

"No, thanks. I need my head for this one," and I breathed deep. The answer is so very complex that I'd need much more space to give the entire justification in dialogue as I gave him. But it all comes down to what was expressed by Michael Slocum, *The Body Positive* editor: We have no leadership. The death and resignation of the leaders of the PWA movement have left behind, quite frankly, inexperienced or incompetent administrators, some of who they chose to represent us. A rash of firings in New York City and elsewhere, and ego trips to as far away as Pluto, have interfered with the programs of the movement. AIDS is still a chronic illness for too, too few of us, we still die. Most of us do not have the time for the *politicesse* (a politicization of the community development process) or the desire to sacrifice good living for the immature bullshit from people not living with the fatalistic messages corrupting the sensibilities of our minds and bodies. We live, work and play at accelerated rates. Each day is an accomplishment we relish and within that span of time we want to pack everything in. It's deeply frustrating and emotionally debilitating to know that we have to wait for others to get it together enough to move ahead. That is exactly what we have been doing all along. Ten years now, and it's been long enough. GROW UP!!!

PWAs began People With AIDS Coalition and PWAs must — absolutely must — take responsibility for its development of the vision. I've been told that we cannot go back to history and I realize that. I'm nobody's fool. We have to reinvent our future. So let's get on with it.

In this month of Pride that PWAs can also claim as a people "with an inalienable right to self-determination," PWAC is the only organization we can claim as our own. The staff here have a lot to learn, but they are fundamentally the best staff PWAC has had for too long a time. What they need now is the commitment of PWAs and clear demonstrations of that commitment. In life and in death. It is my commitment, it has been the commitment for many long-gone PWAs to foster this developing effort towards an acknowledgment of our spiritual presence and practical participation in all of their communities.

"How can I expect to see PWAC now?" he asked me, clearing the dishes from the table.

"First on the frontline," I answered. "Out Loud and Proud and on a float! Where can I expect you?"

"Right there beside you," he replied.

And you?...

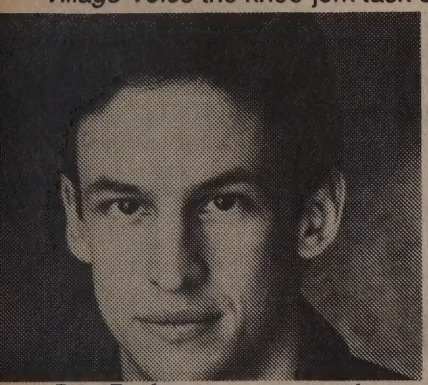
"HAVE YOU HEARD WHAT THEY'VE SAID ABOUT YOU...?"

by Ed Sikov

Through the Looking Glass

In Buster Keaton's "Sherlock, Jr.," Buster plays a film projectionist who becomes so absorbed in the movie he's watching that he jumps right into the screen and participates in the action. As a confirmed movie and TV junkie, I'm with Buster. It's a better-looking world in there. Okay, so it's also awfully bland most of the time, but the lighting is better and nobody has bad skin. The problem is, there's never anybody like me on screen, which makes for a doubly vicarious experience. Escaping to fiction is one thing; ceaselessly having to identify with airbrushed heterosexuals from Los Angeles is another. That's why the recent "thirtysomething" episode about a gay man who learns he's HIV seropositive was so amazing. Seeing an acknowledgement of the AIDS epidemic on television is rare enough; seeing it through the fictional experience of an airbrushed gay heartthrob is extraordinary.

The show wasn't flawless, but seizing on the ideological points the show didn't raise would be carping. Because there's so little about AIDS on prime time, the burden on this single hour was enormous. So I'll leave to the *Village Voice* the knee-jerk task of pooh-poohing "thirtysomething," though I have to note that the *Voice* critic seems to have willfully failed to acknowledge that the show was co-written by Paul Monette ("Borrowed Time," "Afterlife"), as if scripts dealing with AIDS by openly gay writers who have written critically acclaimed books about AIDS were a dime a dozen on prime time.



Peter Frechette was present at the GLAAD Media Awards to pick up the award for Outstanding Dramatic Series for "thirtysomething."

The show's success lay in its interweaving of a gay man's fearful reaction to learning that he's HIV seropositive with issues of morality and mortality as expressed by another character's fantastic encounters with a dead friend. Throughout the show, Michael (Ken Olin) keeps seeing an apparition of his best friend Gary (Peter Horton), who was killed in a car accident several episodes ago. In this way, Peter, the gay character played by Peter Frechette, wasn't set apart from everyone else; his fears weren't isolated, and neither was he. Of course, the show was structured in this way in large measure to keep right-wing fanatics at bay; last time we saw Peter on "thirtysomething," he was in bed with another man, a detail which cost ABC untold anguish and dollars when many advertisers pulled out. By embedding the story of Peter's HIV status in the context of Michael's response to his friend's death, "thirtysomething" obviously meant to distract nervous ad buyers. But the strategy also kept Peter — and people who are HIV positive or have AIDS, not to mention all gay men — out of the ghetto in which we almost always find ourselves. You know — "They're not like us, they have AIDS!" or, "Life and death are different for them, they're gay." Here, Peter's trauma was explored in a more honest context, namely that of the rest of the human race.

As Dr. Seuss might put it, "A is for April and also for AIDS; shows about Ailments were Airing in Spades." Also in April, PBS's young adult series "Degrassi High," NBC's series "A Different World," and an HBO film "First Love, Fatal Love" all dealt with AIDS. The New York *Times* TV critic John J. O'Connor hit the nail squarely on the head in the lead paragraph of his triple review (April 11) when he noted that "as the AIDS virus slowly but persistently spreads to other population segments, television entertainment adjusts. It can now sidestep gay men and drug users to focus on more 'accessible' groups." Thus, "Degrassi High"'s AIDS story defied most statistical data by focusing on a heterosexual male who gets AIDS from his girlfriend, and both "A Different World" and the idiotically and offensively titled "First Love, Fatal Love" featured a straight woman getting it via "unprotected sex" with men. I'm all for treating the growing problem of AIDS and women, but let's be honest here: TV purposefully avoids talking about the vast majority of PWAs, namely gay men and IV drug users, in favor of safer cautionary tales directed at the presumedly heterosexual "you-and-me" of the mainstream. But as O'Connor noted, while this isn't ideal, "at least there is some movement in the right direction," which is to discuss AIDS at all.

First Love, **FATAL LOVE**

Write to: "thirtysomething," c/o Bedford Falls Productions, 4024 Radford Ave. Suite 310, Studio City, CA 91604; "A Different World," c/o Carsey-Werner Co., P.O. Box 1-710, 14755 Ventura Blvd., Sherman Oaks, CA 91403; "Degrassi High" c/o Thirteen, 356 W. 58th St., New York, NY, 10019; HBO, 1100 6th Ave., New York, NY 10036; John J. O'Connor, New York *Times*, 229 West 43rd St., New York, NY 10036.

Bits and Pieces

■The *Daily News* returns with a vengeance: I couldn't have cared less about the future of the *Daily News*. The paper's AIDS coverage was always lousy, as was its coverage of gay and lesbian issues. So when the *Daily News* was supposedly "saved" by Robert Maxwell, I wasn't particularly thrilled. True to form, the second issue of the "new" *Daily News* (March 28) screeched "CONDOMS IN THE COURT - Judge to hand 'em out to hookers" on the front page, thereby pumping a scandal out of nothing. The story concerned Judge Gustin Reichbach of the Manhattan Criminal Court, who gives out condoms to prostitutes who appear in his courtroom, a perfectly sensible thing to do. "We're back! So buy us!" say the Daily News's new ads. Business as usual, I say. *Write to:* The New York *Daily News*, 220 E. 42nd St., New York, NY 10017.

■ Old-time liberal Jack Newfield, never a particular friend of PWAs, gay men, or lesbians, published a lengthy piece lambasting right-wing columnists in the New York *Observer* on April 29 in which he managed to include a few words about AIDS. The subjects of his attack, George Will, Joseph Sobran, and Patrick Buchanan, have all managed to say something offensive about PWAs at one time or another, a point which Newfield uses only to pat himself on the back for his own supposedly better morality. Trouble is, Newfield's central metaphor is that these columnists are "infected with the virus of intolerance." Didn't anyone ever tell this self-congratulatory ass that illness makes a lousy metaphor? That it's hateful to people who suffer from diseases, particularly AIDS, to see their physical condition used to express human piggishness? "Spreading viruses" isn't the problem; spreading lies is. Wake up, Jack, and stop spreading them yourself. *Write to:* Jack Newfield, New York *Observer*, 54 E. 64th St., New York, NY 10021.

Doonesbury

SO, JOANIE... KNOW ANY NEW AIDS JOKES?
OF COURSE NOT. DO YOU?
YEAH, I KNOW ONE, BUT I CAN'T... CAN'T REMEMBER IT... I'M SO TIRED THESE DAYS, JOANIE, SO... VERY... VERY... TIRED...
OH, ANDY, I...
WAIT, I GOT IT! RABBI WALKS INTO AN AIDS CLINIC...
HEARD IT.

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MEMORIALS

Olivio Ippolito

July 3, 1953—February 20, 1991

My darling, it's been a month since the last time I saw you and held you in my arms, but it feels like an eternity. Sometimes I feel like I'm dreaming and I'm going to wake up at any moment and see you lying next to me in bed. Then reality steps in and I realize that you are truly gone and I'm so full of feelings that I don't know what to do with.

I wander around because I don't know what to do with myself. I spent the last two years doing nothing but being with and taking care of you. What do I do now?

I know it's selfish of me to want you here when there was so much pain for you here. I know that you've found peace in a world without pain and suffering, "Safely Home," as it says in the scriptures. That gives me comfort. I know only time will heal this emptiness inside. In time, when we are together again. You'll always be in my heart. I love you!

In Memoriam

On May 19, 1990, my best friend, companion, soulmate and lover of six wonderful years, Ronn William DeKock died—another courageous warrior in the Battle Against AIDS. He was only 26 years old.

That day remains etched in my awareness, and the devastating pain of that loss lingers with me still. Yet on that day, as he lay there in my arms, slipping deeper and closer to the Other Side, I heard my Higher Self, that which we call "God," whisper to me:

"Jon'Mikel—you can have a choice. You may choose to have in your life this precious gift, named Ronn, or you may choose never to have met him.

"If you choose to have him—he will be a handsome young man, six feet tall, with hair jet black, and crystal blue eyes. He will be a gentle, playful and creative part of you. A faithful friend. A passionate lover. He will be the sunshine that warms you and the wind beneath your wings. His love will mean everything to you.

"But you may only have him with you for six years. And on the day he must leave you, you will pay a heavy price for those six years. Your heart will be torn apart, and your emotions will leave you numb. And the void that exists at the core of your being will remain with you until your own final sunset."

"Given that choice, I would still choose to have met and loved him," I answered.

And God again whispered, as Ronn's pulse slowed, and his breathing became more labored,

"When he goes, you can again choose—for him to have a slow, lingering and painful struggle—one which would allow you to adjust to his having AIDS, to his leaving you, and prepare for his death... one which allowed you many times to say 'Goodbye..'

"Or you may choose a swift, painless death for Ronn, less than twenty days after he is diagnosed with AIDS."

This time, I did not answer; instead I took Ronn's hand into my own and kissed his sweet lips one more time. Then I cradled his comatose body in my arms and whispered, "It's time to let go, my angel. You've won the battle. Your rest awaits you on the Other Side."

And as I whispered, a single tear escaped his eyes, and although he was in a coma, he softly squeezed my hand. Then, at 2:53 PM on the day of our sixth anniversary, Ronn died peacefully in the arms of the man who will love him forever.

I love you and miss you—

Siempre Contigo;

"Rico"

F. Jon'Mikel Salvato

MARCO A. PIRRO — March 1991

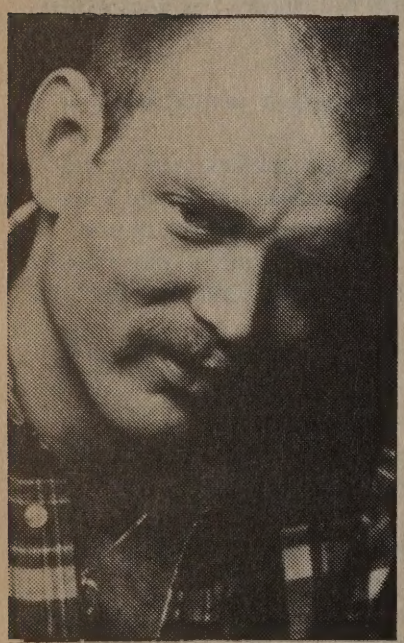
by Douglas Starratt, Vancouver PWA Newsletter

We are saddened to report the death of one of our earliest members, former member of our Board of Directors, Marco Pirro. Marco was curious, relentless, dramatic, spiritual and a long-term survivor. He was instrumental in arranging our particpation in the 5th International AIDS Conference, researched treatments such as Thalidomide for throat infections which, thanks to his efforts, is providing relief for several members. He regularly wrote articles and poems for the Vancouver PWA newsletter [and *Newsline*] and many of our readers will know him as "M.A.P." or "Mark." He was quick-witted, silver-tongued, and extremely intelligent, a student of Theology at the University of British Columbia. "He told me that I belonged in the universe. He was supportive and caring in helping me deal with the loss of my friend Fausto," says Yvonne Mallard, Vancouver PWA Society office administrator.

Marco touched many lives and will be missed.

THOUGHTS ALONG THE WAY

I praise my dismay
It tells me I am still here
I bow before my sorrows
It lets me know I am still real
I acknowledge my limitations
From that comes understanding
I greet my tears
They are very healing.
M.A.P.



RICK LENNIG

June 15, 1954-November 15, 1990

He told me that he came from Michigan, but he had been in New York for about a decade by the time we met. And as for that first conversation, it was one of those "New York Stories": we were like old friends who had known each other forever.

He was asymptomatic then, and handsome, so much so that he would turn heads when we would walk through the Village on our way to the Living Room. But even when the disease took its toll and KS ravaged his good looks, his ability to laugh at life, bolstered by his intelligence and a wonderful sense of humor, still managed to prevail.

He fought toxoplasmosis and endured chemotherapy treatments for lymphoma, but *I will remember him the way he was — not the way AIDS made him.*

Rick — I will remember you with knitting needles in hand, listening to the classical music and opera that you loved so much. And Bill, Jonathon, Eddie, Elena, Diane, Cary, Bernie, Luis and many others will remember you this way too.

PHIL ZWICKLER

PRODUCER, FILMMAKER, JOURNALIST

JUNE 1, 1954 — MAY 7, 1991

Around his desk in the office of the *Newsline*, a publication by and for people with AIDS, Phil's photos of himself with celebrated personalities who have worked to change the world literally litter the walls. He was always on the cutting edge of the next wave towards revolution, and participated in remaking our perspectives in the cutting room. As a producer and writer, Phil created some of the most influential and experiential films about being gay and about being a person with AIDS. They were films that exposed raw nerves, and so was his personality sometimes.

The first film that I saw of his was "Fear of Disclosure," which was produced by Phil with David Wojnarowicz for Gay Men's Health Crisis in New York. The short video is a part of a series that challenges the perspective we have about sexual intimacy with people with HIV disease. Phil's voice asks, in the film, "Why not?" and suggests the dire social repercussions of additionally alienating those of us with AIDS. In *Newsline*, he did the same thing monthly, consistently analyzing and skeptically questioning our perspectives. He did it in conversation, too. Phil and David's "Fear of Disclosure" has become a vehicle for promoting other films about the AIDS crisis and recently received a citation from the Manhattan Borough President's Office for their service in AIDS education. The citation reads: "Their films and videos will explore real-life situations involving the act of disclosure, and focus on the sexual, ethical and health issues disclosure raises in various New York communities in order to trigger discussion in community education and outreach programs."

Phil has been the recipient of many awards including the "Golden Gate Award," a Special Jury Award, from the *International San Francisco Film Festival* in1988 for "Rights and Reactions" with Jane Lippman. This film is a television documentary on the passage of a New York City law that bans discrimination based on sexual orientation. "Rights and Reactions" was also nominated for an Emmy, and received the "Gold Plaque Award" from the *International Chicago Film Festival* and other Honorable Mentions. "Fear of Disclosure" received an award at the *International Filmfestspiele Berlin* in 1990. Phil worked with Rosa von Praunheim, the German filmmaker, as a co-producer and writer on "Positive," "Silence = Death," and "Art and AIDS," documentaries about AIDS in New York. His work includes films on indigenous societies clashing with the "modern" world and entertainment ("Spotlight on Reno's," 1988). As a journalist, Phil contributed to *Christopher Street, Village Voice, NY Doctor*, and the *NY Native*. His last job was as editor of the PWA Coalition *Newsline*, a magazine by and for people with AIDS, ARC, and HIV seropositivity. *Newsline*, like his films and his recognition for work that examined his take on the world, reaches an international audience.

I worked with him before he became sick as a regular columnist, then as Acting Editor on his final submission to *Newsline*, "Phil Zwickler: At Home." In this piece, Phil yelled out through a confusing and debilitating illness that he had been mistreated in his 16-week hospital visit, questioning in print, "How many thousands of people will die as a result of this victimization?" We looked it over a number of times and made changes and talked about his state of mind and what I was doing at the *Newsline* in his stead.

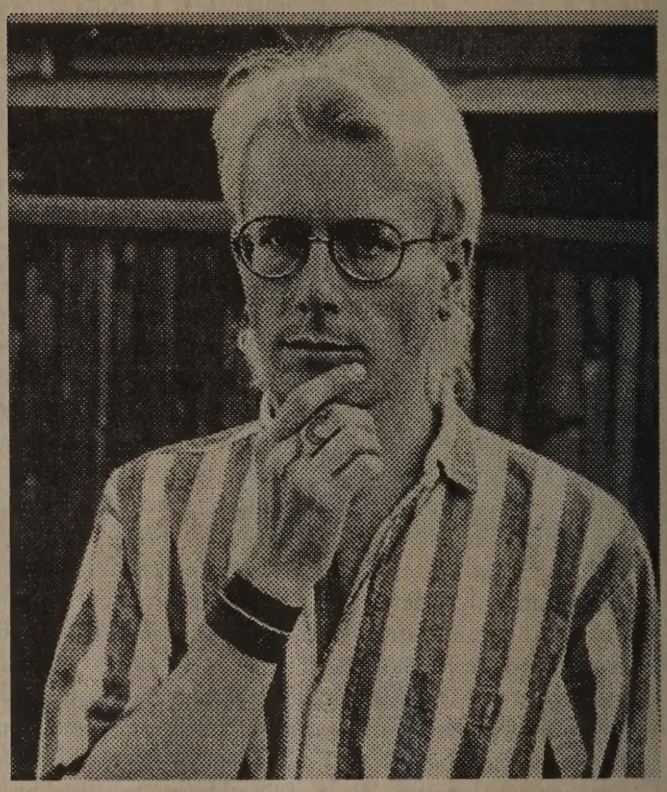
He encouraged me to stay with *Newsline* and to put out the words of my own feelings and to find others to speak up, acknowledge their fears, their rights and reactions to these life or death issues. There's a tradition I have kept going by sitting in his chair, surrounded by mementos of events in his life and awards for accomplishments. The tradition is more then just at the editor's seat at PWA Coalition. The accomplishments of Max Navarre (founding member of PWAC, the AIDS Mastery, fundamental in developing the Healing Circle), Mike Callen (also a PWAC founder, and Community Research Initiative, PWA Health Group, and an outstanding PWA representative) – all past editors of *Newsline* – are PWA exemplifications to continue to "create 'till I drop," as Mike Callen has said it. A committment to the betterment of our world through our own experience, making it happen when the change does not manifest of its own. I've led a charmed life to have always had mentors that were masters of their form. People like Phil don't happen, they make themselves happen.

by Bree Scott-Hartland, Acting Editor, PWA Coalition *Newsline*

Tom Shearer
September 1958
April 8, 1991

Founding editor,
Diseased Pariah News,
San Francisco, CA.

...We'll miss his trashing. And we promise... no more teddy bears.



Giving Fund

In Memory of:	Donor:
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Daniel Joesph Wilson	Edwin M. Johnsen
Daniel Joesph Wilson	Dolores & Douglas Swenson

In Honor of:	Donor:
John Hatchett	Anonymous
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	Howard B. Wolman

The People With Aids Coalition Presents a Singles Tea
for Lesbian/Gay HIV Positives, PWA's, and Their Friends

It's too soon for midsummer madness,
so we are throwing...

A JUNE HAVOC

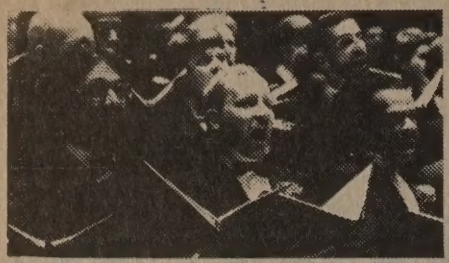
BEST HAT CONTEST
Most creative
Least offensive
Best of show

FREE
ADMISSION

Date----June 8,1991
Place----222 West 11th St., West of 7th Ave. Time----3-6 PM

BULLETINS

VOICE JAM



On Friday and Saturday, June 28 and 29 at Alice Tully Hall, Lincoln Center at 8:00 PM, the 150-voice New York City Gay Men's Chorus under the direction of Gary Miller will present their "Diversity" Concert, sharing the stage with the 90-voice Denver Women's Chorus under the direction of Deborah J. Kenyon, as special guests in their New York City debut. The program will feature a variety of women's, men's and mixed choral works to celebrate Gay Pride Week 1991. For ticket information, please call (212) 691-7590.

AIDS MENTAL HEALTH PROJECT

The AIDS Mental Health Project of Greenwich House is forming two new HIV support groups for substance abusers. This is in addition to the two current HIV support groups on site. One group will be designed for HIV-positive women only. A second group will be for individuals who have lost someone to AIDS, who could also be HIV+, have a history of substance abuse, or be close to losing someone to AIDS.

Individuals interested in these groups either for themselves or to refer someone should contact Michelle Fontaine at (212) 691-2900. An intake appointment will follow.

YOU NEED US, WE NEED YOU

According to the NYC Dept. of Health, it is estimated that there are 221,000 persons in this City who have AIDS or who are HIV positive. And every one of them has a mother. And every mother who cares for her HIV+ or AIDS child is bewildered, panicked and frightened. She feels alone, needs help and people she can talk to and trust.

Come to the Mothers Support Group. We guide each other through the maze of health, medical, financial, legal and insurance resources. We share and understand social and family problems arising from the stresses and strains imposed by this illness. We are a special kind of family and stand by our children no matter how hostile or insensitive the outside world. For more information please call AIDS Family Service at (212) 691-5689; or (212) 929-2463; (212) 879-2087; (718) 934-1758. Leave name and number on our machine and someone will get back to you.

ACTING OUT

The AIDS THEATRE PROJECT seeks actresses/actors who are living with AIDS or HIV positive for their 1991 season. The AIDS THEATRE PROJECT performs regionally to educate and inform the public on the experiences of people living with AIDS. Also needed: stage managers and technical staff. AIDS THEATRE PROJECT also welcomes new one act and full length plays. For more information write: AIDS THEATRE PROJECT, Old Chelsea Station, PO Box 534, New York, New York 10113-0534 or call (212) 255-5348.

POSITIVE LOVE: COALITION HOSTS "SINGLES TEAS"

The Provincetown Positive/PWA Coalition has begun hosting a monthly event to give PWAs, PWARCs, HIV Positives and their friends a chance to meet and mingle in a safe atmosphere of fun. The first "Singles Tea" was held January 12, 1991 at St. Mary's of the Harbor, Provincetown, Mass., and future get-togethers are planned for the same location on the second Saturday of each month from 3:30 - 6 :30 p.m. For more information, call 508-487-3998.

AIDS STORIES WANTED

People with AIDS, ARC or HIV seropositives, as well as those who have known someone with AIDS who died, are being sought to contribute to a book that will be called "AIDS Letters." This book offers a unique opportunity for those of you who have been touched by AIDS to lend your support to others by sharing your experience. The author asks you to personalize your letters with photographs.

You can speak to the author directly at 714-85-3021 or by writing to:
AIDS Letters, 4521 Campus Drive, Suite 101, Irvine, CA 92715.

MEL MAR REHAB a.k.a. METRO CARE

...is a full service home health equipment and pharmaceuticals company that offers free delivery of prescription

drugs, food supplements, and other medical supplies. Mel Mar Rehab accepts most health insurance, Medicaid and Medicare. Expert staff is available to assist the patient and family with most Medicaid and other insurance problems. Call (718) 779-2392.

"LOVE LIVES ON"

The NYC Gay Men's Chorus has released on the international label, Virgin Variations, the first of several recordings, "Love Lives On." Selections on the CD or cassette include the unofficial AIDS anthem, "Love Don't Need a Reason." The NYC Gay Men's Chorus has performed many standards and appeared all over the world with special guest stars, including Marilyn Horne and Eartha Kitt... In response to the ongoing health crisis, a special NYCGMC AIDS Outreach Program has disbursed thousands of dollars to organizations on the front lines in the fight against AIDS.

CABRINI MEDICAL CENTER

Volunteers are needed to facilitate support groups for patients with HIV disease and for their family, friends and significant others. Experience facilitating HIV-related groups required. Please contact Mark Waters, Coordinator of HIV Services at Cabrini Medical Center at (212) 995-6140.

COMPARING NOTES

The United Hospital Fund is coordinating a conference on June 6th at the New York University Medical Center to consider the direction and implementation of care and services for people with AIDS/HIV. Nicholas Rango, MD, Director of the NYS Dept. of Health AIDS Institute, will open the conference with a keynote address on the "Changing Face of the AIDS Epidemic: Challenges for Service Delivery." The all-day conference will continue with moderated round-table discussions and panel presentations on the concepts of the past decade and those that need to be implemented for the future. Topics covered in the presentations will include "Housing Services," "Community Services," and "Community Organizing." The final panel will be city and state policy leaders challenged to define in practical terms what government and the private sector will have to do to provide overdue housing and community services for people with AIDS/HIV. Scheduled presenters include: Ronald John, Executive Director of the Minority Task Force on AIDS; Debra Frazer-Howe, Exec. Dir. of the Black Leadership Commission on AIDS; Timothy Sweeney, Exec. Dir. of GMHC; and others with extensive AIDS community experiences. Call (212) 645-2500, ext. 564/566. The cost for registration is $75 per person, $50 for two or more from the sane institution or agency, and $25 for students.

NORTHERN LIGHTS

Northern Lights Alternatives-NY invites any adult who is affected by the stresses of living with AIDS/HIV (PWA/HIV+/caregiver) to participate in their AIDS MASTERY WORKSHOP, a 2 1/2 day intensive workshop. In small groups, participants will be enabled to regain self-worth; get in touch with emotions; reduce stress; examine relationships with others and oneself; break old patterns that inhibit personal growth; and make positive decisions which will enhance and enrich the quality of their lives. The AIDS Mastery Workshop is effective in conjunction with other mental therapies and support systems. The Workshop is held bimonthly with a flexible fee schedule/ volunteer plan. To register or for more information, call Ed Morgan, (212) 595-9594.

THE AIDS TRAINING PROGRAM is designed for community-based organizations and agencies working with an HIV population, or for organizations discovering the impact of HIV in the workplace. The AIDS Training Program includes and goes beyond basic AIDS information, to explore the underlying fears and anxieties which impede the assimilation of factual information, prevent effective delivery of service to HIV+ clients and create stress and burnout. Workshops and seminars are designed in conjunction with facilities and their staffs to identify and address specific issues and to create internal systems of support. For more information, contact Barbara Shannon, (212) 255-8554.

...TO BENEFIT PWAC AND HOP

On Gay Pride Day 1991, Maltese and Richter Computer Training Center will be raffling chances for computer literacy training in their facility to benefit the PWA Coalition (90%) and Heritage of Pride (10%). *Grand Prize*: 60 hours training + 30 hours practice ($750 value); *1st Prize*: 40 hrs. training + 20 hrs. practice ($500 value); and there are *2nd Prize* and *3rd Prize* categories. Drawing date: Monday, July 1 at PWAC's office on West 26th St.

BULLETINS

Tickets are $1 per/$5 book and are available at PWAC, Maltese and Richter or at a designated table on Gay Pride Day.

"HEAR THIS!"

Listen in on how the people of PWAC fight for our lives. A 58-minute audio cassette of PWAC Radioline is available for $10 each. Also available for broadcast on public radio stations. Write for details to: PWAC Radio line, 31 W. 26th St. 5th Fl. New York, NY 10010.

MORE BLOOD

The PWAC Board of Directors is accepting self-nominations for consideration for Board membership. Those applying must be able to commit their time and effort toward PWAC's goals. People of color and women are encouraged to participate. The PWAC by-laws require the majority of the Board to be HIV-positive.

Those interested should send a resume and cover letter explaining their personal reasons for desiring to be on the PWAC Board of Directors. Send by August 15, 1991, to: The Executive Committee Search, People With AIDS Coalition, 31 W. 26th St. 5th Fl. New York NY 10010.

THE WAY WE LIVE NOW

American writer Susan Sontag and British artist Howard Hodgkin have collaborated on a fine art publication of Sontag's short story "The Way We Live Now." Hodgkin has made five hand-colored etchings for this limited edition.

Sontag and Hodgkin are donating all proceeds from the sale of this edition to AIDS organizations and cultural groups doing AIDS related work in the United States and Great Britain.

Twelve U.S.-based organizations, selected by Sontag, will receive one half of the funds. The beneficiaries are: Community Research Initiative, Bailey House, PWA Coalition, West Side Arts Project, Momentum Project, Body Positive, Northern Lights Alternative, Khyentse Foundation, Ballad Theatre, Positive Action of New York, Poets and Artists With AIDS Fund, and the PEN Fund for Writers and Editors with AIDS.

Crusaid, the British AIDS foundation, was chosen by Hodgkin to receive the remaining half of the proceeds.

Two hundred books have been produced by Karsten Schubert, Ltd., the London art gallery, which will sell one half of the edition. Brooke Alexander Gallery will sell the other hundred books in the United States. Proceeds from the sale of the complete edition could reach $500,000.

KEEPING WOMEN INFORMED: HIV/AIDS

An open forum on women and HIV/AIDS will be held at Emmeaus House, 2027 Lenox Avenue, at the corner of 124th St., on June 6 from 5:30-8:30 PM. Food and childcare will be provided. Speakers will be women with AIDS and there will be the opportunity for questions and discussion.

SUICIDE PREVENTION WORKSHOPS

Any organization in the New York metropolitan region that wishes to schedule a free suicide prevention inservice workshop for its staff members may call Suicide Prevention Resources at (212) 750-8410. Topics include myths, warning signs, assessing risk, support systems, confidentiality issues, and bereavement. This agency has provided nearly 500 programs for city organizations, including more than 30 to AIDS-related programs.

HEALING HEARTS

The Healing Hearts is a group support program modeled on ECaP, Bernie Siegel's Exceptional Cancer Patients program. Richard Jamison, PhD, has trained with Dr. Siegel and the ECaP staff in New Haven, and will personally conduct these groups according to the ECaP methods. Groups are forming now. For further information about a Healing Hearts group in New York or New Jersey, please call (201) 939-6513.

SERVICIO ECUMENICO

The Puerto Rican Parade Committee, PWAC's SIDAhora Magazine and the Hispanic AIDS Forum will be holding an Ecumenical Service to pay homage to the thousands of Hispanics who have died of AIDS and to send a message of unity by raising the consciousness of Hispanics about AIDS/HIV. The service will be held Wednesday, June 5, 1991 at 7:00 PM at Damrosch Park Bandshell in Lincoln Center.

PWA COALITION
Ongoing Events

PWA COALITION HOTLINE

The PWA Coalition Hotline is staffed principally by and for PWAs and PWArcs from 10 am to 8 pm, Monday through Thursday, 10 am to 6 pm on Fridays. We provide up-to-the minute information on traditional, holistic and alternative treatments, treatment protocols, meal programs, Newsline and Surviving & Thriving orders, as well as one-to-one peer counseling. Call (212) 532-0568. Out of town call 1-800-828-3280.

LIVING ROOM DROP-IN CENTER

On Thursday through Mondays, from 1:00 to 5:30 pm, our Living Room is open to all PWA/PWArcs. The space is located at 222 West 11th Street, and is surrounded by a courtyard and beautiful meditation garden. Meals are only served until 4:00 pm, although supplies sometimes run out earlier. Monday features a veggie/macro meal; Thursdays the fare is traditional; and Friday its simply soups and salad. On Saturday and Sunday, with the largest crowd, it's beverages only. So stop by to mingle and network in a relaxing, safe atmosphere.

SPANISH-SPEAKING AIDS SUPPORT GROUP

Spanish-speaking AIDS support group in a relaxed, informal drop-in setting where newly diagnosed and veteran Spanish-speaking PWAs and PWArcs can network and support each other. Confidentiality and anonymity assured. 6:30-8:00 pm (on the 2nd and 4th Mondays of each month) at the PWA Coalition Living Room, 222 West 11th Street, Manhattan. For further info, telephone (212) 532-0568.

EL GRUPO DE APOYO EN ESPANOL PARA PERSONAS CON SIDA O POSITIVAS AL VIH (HIV)

El grupo de apoyo en espanol se reune el segundo y cuarto lunes de cada mes en la sala (PWA Coalition Living Room) 222 Oeste de la Calle 11, En Manhattan. Para mas informacion llame al (212) 532-0568.

GAY MEN PWA/PWARC DROP-IN GROUP

A weekly therapy and support group for gay men meets every Tuesday afternoon at the Coalition Living Room. To register, please call the group leader, Scott Hatley, CSW, at (212) 674-4706 .

SINGLES' TEA

PWAs, PWArcs, and HIV Positives are given a chance to meet and mingle in a safe atmosphere of fun. June 8, 1991, 3:00-5:30 pm, 222 West 11th Street. Note: Future Teas will occur at irregular dates. Please watch this space or call (212) 532-0568.

BI/HETERO GROUP

Support and social group for male and female HIV+s, PWAs, PWArcs. Every 1st, 2nd, and last Friday of the month. At: 222 West 11th Street, 7:00pm. For more information, telephone PWA Coalition Hotline, (212) 532-0568.

PRIMARY CARE PARTNERS' GROUP

Groups meet every Wednesday and Thursday from 7:30 - 9:00PM. This group is for primary care partners (lovers, wives, husbands, and others) living with PWAs/PWArcs. It is held in the West Village. Pre-registration is necessary. To register call Larry Bee at 532-0290.

LESBIAN/GAY SUNDAY NIGHT SOCIAL

For PWAs, HIV+'s and their friends. Sunday evenings 6:30 - 9:30 at the PWAC Living Room, 222 West 11th Street, Manhattan. For further info, telephone (212) 532-0568

MOTHERS OF ADULT CHILDREN WITH AIDS

Support group, facilitated by the AIDS Family Service. Meets on Tuesday evenings in the West Village. For further information, call (212) 691-5689.

MEAL PROGRAMS AROUND TOWN

MONDAY:

1) PWAC, 222 West 11th St., lunch, 1-4 PM, vegetarian, 212 532-0568.

2) GMHC Recreation, 129 West 20th St., 6th Fl., lunch from 1-2:30. Must be a GMHC Rec. client. (212) 807-6672.

3) TOUCH Community Dinners, buffet from 5-7, meditation/massage 6:30-8; for persons with AIDS/ARC, friends, family and friends. Meeting House (Mary McDowell Center), 110 Schermerhorn St. at Boerum Pl., Brooklyn, 2, 3, 4 or 5 train to Boro Hall. For additional directions, call Mary at (718) 638-0022; on Monday afternoon/evening, call (718) 625-8705.

4) United AIDS Relief "Celebration of Life," Middle Collegiate Church, 50 E. 7th St., Manhattan, 6-8, food pantry, clothing store, entertainment (looking for volunteers to entertain as well), proof of diagnosis required, Robert Janssens (212) 228-8108.

5) Yorkville Common Pantry, 12:30 lunch, food pantry, clothing, social services; 109th St bet 5th Ave & Madison, Must have letter of referral (212) 268-2610.

6) Minority Task Force, 6:30 PM "Home cooked soul food" at St. Philips's Church, 204 West 134th Street between 7th and 8th Ave. Call (212) 749-2816.

TUESDAY:

1) GMHC Recreation, lunch for Rec. clients; same as Monday listing.

2) Momentum Outreach at St. Peter's Church, Lexington Ave. & E. 54th (part of Citicorp Center), stress management class at 4, dinner at 5, food pantry, clothing store, social services, massage for PWAs, PWARCs; must have letter of referral (212) 268-2610.

3) St. Stephens of Hungary Church, 414 East 82nd Street, Must have letter of referral. Food pantry, clothing, social services available. Phone (212) 268-2610.

WEDNESDAY:

1) GMHC Recreation, lunch for Rec. clients; same as Monday listing.

2) Momentum Outreach at St. Paul's Church, auditorium at 9th Ave. between W. 59th & W. 60th; physical therapy at 4, dinner at 5:30, food pantry, clothing store, social services; for persons with AIDS, ARC and HIV+. Must have letter of referral. (212) 268-2610.

THURSDAY:

1) PWA Coalition, 222 W. 11th, lunch 1-4 PM, (212) 532-0568.

2) GMHC Recreation, lunch for Rec. clients; same as Monday listing.

3) Rutgers Church, 236 West 73rd St. Macrobiotic dinners for PWAs/PWArcs. 6:30 PM. Call Billy Koehler at (212) 288-2290 for reservations. $5 donation requested.

4) Steven Wise Free Synagogue, 68th Street between Central Park West and Columbus Ave. 5:30 PM (212) 877-4050. Food pantry, clothing, social services.

5) Trinity Baptist Church, 224th Street between Barnes and Bronxwood, lunch 12:30 PM. Clothing, pantry, social services available. Must have letter of referral (212) 268-2610.

FRIDAY:

1) PWAC, 222 West 11th St., soup 'n salad, 1-4 PM, (212) 532-0568.

2) GMHC Recreation, 129 West 20th Street, 6th Fl. Dinner from 6-7:30 pm. Must be a GMHC Recreation client. Call (212) 807-6672.

SATURDAY:

1) St. Luke's in the Fields, 487 Hudson St. Dinner at 5. Proof of AIDS/ARC diagnosis. First time clients call Molly McGreevy (212) 633-2099 to register for waiting list.

SUNDAY:

1) Gourmet Vegetarian Macrobiotic Dinner at Manhattan Center for Living, 704 Broadway (betw. W.4th & Washington St.), 3rd fl. 6pm-7pm. Reservations recommended: (212) 533-3550. Suggested donation: $10.00

Newsline Subscription Form

Name _____

Address _____ Apt. _____

City _____ State _____ Zip _____

❑ I am enclosing my check for $35 to cover a one year subscription.
❑ I am a person with AIDS/ARC. (PWAs/PWArcs, especially those receiving disability or assistance, need not contribute.)

The Newsline is provided free of charge to PWAs/PWArcs who cannot afford a subscription.

❑ We ask our healthy concerned friends to contribute a minimum of $35 for a yearly subscription. Make check payable to, and mail to: PWA Coalition, 31 West 26th St, 5th floor, New York, NY 10010.π

MOVING??? Let us know! Bulk mail is not forwardable, so if you are moving (or have just moved), please send in this change-of-address form. Thank you!

Change of Address

Help us keep our mailing list accurate and up to date! If you are moving and haven't told us already, please fill in the following information and send it along with your mailing label, if available, to: PWA Coalition, 31 W.26th Street, 5th floor, New York, NY, 10010.

Be sure to include your old address!

Name: _____
Old address:
Number & Street: _____

City: _____ State: _____ Zip: _____

New address:
Number & Street: _____

City: _____ State: _____ Zip: _____

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A. PWA/PWARC SUPPORT GROUPS

BRONX

Bronx VA Hospital 1130 Kingsbridge Road	1. PWA Support Group (Veterans) 2. HIV Positive Group	1. Fri 9:30 AM 2.Tue 5:45 PM	(212) 584-9000 ext. 1860-1-2	Donna Sesta
Bronx AIDS Services Fordham Plaza, Ste 800 Bronx, NY 10458	1.AIDS IVDU group 2. AIDS/HIV+ women's group 3. Women's group in Spanish 4. HIV group	1. Thurs :2 PM 2. Tues 6 PM 3. Wed 10 AM 4. Thurs 6 PM	(212) 295-5605	Gregory Rice Isa Martinez
Bronx Episcopal AIDS Ministries	Women's group	call for info	(212) 792-4049	Kathleen Reynolds
Bronx-Lebanon Hospital Center, 1276 Fulton Ave. Bronx, NY 10456	Individual, inpatient, outpatient family and significant others.	Call for information	(212) 901-8453	Don Epstein Diane Pincus-Strom
Health Force Lincoln Hospital, 234 E149th	1. HIV+ Men & Women 2. Sexually infected women's group	1. Wed. 1-3pm 2. please call for info	(212) 220-6350	Dayroom, Ward 8c
Montefiore Hospital 111 East 210th St.	Patients, families, significant others HIV positives	Every other Wed 6:30 PM	(212) 920-5460	Monnie Callan
North Central Bronx Hosp. 39-24 Kossuth Ave, Bronx	Individual, in- outpatient, family and significant other; HIV+, ARC,AIDS	Every Wed EXCEPT third Wed of month	(212) 519-3974	Mary Restivo, CSW

BROOKLYN

Body Positive 139 St. John's Pl. (off 7th Ave)	AIDS/ARC/HIV+ mixed drop-in,	Tues 6 PM	(212) 721-1619	
Brookdale Hospital Special Care Center 558 Rockaway Parkway	1. Sprt srvces & psychotherapy PWAs/Hiv+, worried well, families. 2. Gay men	Call for info	(718) 240-6076 (718) 240-6042	Dr.Steven Weaver; Patti O'Kane John Barrow
Brooklyn AIDS Task Force 227 5th Avenue 22 Chapel Street	caregivers, women, IVDUs, gays and bisexuals; call for info	M-F 9:30-5:30	(718) 596-4781	Nancy Durand
Brooklyn Support Group Project, SUNY Health Science Center	1. Gay & Bisexual men of color 2. Haitian men (in Creole) 3. Women (English, Spanish, Creole)	Call for info	(718) 270-2758	Sheila Crandles
Ft Greene Clinic ACT III Ft Greene Dist Health Ctr 295 Flatbush Ave Ext, Rm103	1. Positives Anon HIV support group	Thurs 6-8 PM	(718) 643-3049	Sarah Ramirez
Gay Men of Afrikan Descent	Referral to Black PWA/ARC sprt grps.	Call 24 hrs/7 days	(212) 969-0014	
Interfaith Medical Center 555 Prospect Pl	Ind. psychotherapy, grp psycho- therapy, psychiatric rehabilitation	Mon-Fri 9-5 PM Tues. Thurs 9-8PM	(718) 935-7953 (718) 935-7277	
Jewish Board of Family & Children's Services	Individual couples, family therapy; non-denom; PWA & worried well	Call for info	(212) 582-9100	Dr. Senih Fikrig
King's County Hospital 451 Clarkson Ave	AIDS/ARC support group Inpatient support	Mon 11:30 AM Tues & Fri 10:30	(718) 735-1054	Sheila Crandles Rachel Pousson
LIFE FORCE	see Section Q			
P.O.C.C.-People of Color in Crisis, 109 Portland Ave	PWA, PWArc, & HIV+, and worried well men of color	Support groups	(718) 596-7979	John Harrington

QUEENS

AIDS Center Queens County 97-45 QueensBlvd, Rego PK	PWA Support Group Youth Group Sat 11 AM	Call for info (718) 896-2000	(718) 896-2500	Rosalie Grossman Greg
Body Positive at ACQC 90-10 Merrick Blvd	HIV+/AIDS/ARC in recovery, drop-in group (Spanish)	Wed 6 PM	(212) 721-1619	
Church of the Redeemer 30-14 Crescent St., Astoria	support group for positive heterosexuals	6:45 PM Fridays	(718) 463-7473	Jim Patsales

LONG ISLAND

Fire Island Pines	HIV support group starting June 1	Sat 6-7:30PM	(516) 597-9590	200 Pine Walk
Long Island Association for AIDS Care	PWA/PWARC support groups Nassau, Suffolk, East End	Call for schedule	(516)385--2437	
NA/Mercy Hospital Rockville Center	AIDS/HIV+	Fri 8:00 PM	Basement MacArthur	(516) 255-0111
PWA Coalition of L.I. 1600 New HIghway , Ste22 Farmingdale, NY 11735	1. HIV+/PWA support groups 2. Family and Friends 3. Lifeline support phone line 4. Free chiropractic 5. Pentamidine clinic	Tues/Thur 7:30 PM Weds 7:30 PM M, W, F 1:30-2:30 2nd Thurs/month	(516) 756-2355 (516) 756-2355 (516) 756-2354 no appt. necessary call for appt. 756-2355	
AA Meeting for HIV+	Sundays at 7:30 PM	Call for information	(516) 735-5607	

STATEN ISLAND

SI AIDS Task Force/Ctr for HIV Education & Svcs. 25 Hyatt St., 5th Fl.	Short-term Counseling, Case Management, Referrals; HIV+ women's grp w/ children's play grp	Call for info	(718) 981-3366	Sam Arus
DARE Support Group, Bayley Seton Hosp. Vanderbilt Ave	For PWAs, PWArcs, HIV+	Thurs 7Pm, 2nd Fl.	(718) 447-6294	Str. Madeline Murphy
SI University Hosp. South CTRPN 392 Seguine Av, SI	PWAs, family, friends	call for info	(718) 226-2803	Lisa, Kathryn, or Rich

WESTCHESTER

Grace Episcopal Church 33 Church St, White Plains	PWAs, family & friends	1st & 3rd Wed, 7 PM	(914) 632-6476	Kathy Levine George Cowan
TOUCH	self support group for HIV+/AIDS care-partners, survivors	Wed 7:30 PM	(914) 735-5645 (914) 354-0200	Robert Olley x2455 Scott Sulla
AIDS Related Community Services-Executive Park Bldg. 1, 2269 Saw Mill River Rd. Elmsford, NY 10523	Buddy services, support grps. for: PWA & buddy, HIV+, family & friends, women; Gay AA	Call for info:	(800) 992-1442 AIDS line for info and help (914) 345-8888	Rochelle Vincent Bill Reich
St. John's Church 1 Hudston St., Yonkers	You Have a Friend HIV support group	Thurs 7-9 PM	(914) 963-3033 (914) 423-0039	24 hr. service Barbara Karsten

NEW JERSEY

AIDS Center of Hope House 19-21 Belmont Ave Dover, NJ 07801	Information reference and support groups for PWAs and families, buddy support, full client services	Call for information	(201) 361-5555	Micheal David-Wilson Paul Harding
AIDS Coalition of Southern New Jersey, 900 Haddon Av. suite 210, Collingswood NJ	PWA support groups, buddy services, case management, information	Call for information	(800) 228-5359 (609) 854-7578	Susan Dohanish or Anna Katz
AIDS Task Force 586 Newark Ave, Jersey City	Referrals, education	Call for information	(201) 547-6807	Irene Hunt
Christ Hosp. Home health svcs. 2 Jefferson St. Jersey City	ACAP care management, AIDS health services and advocacy	Call for information	(201) 795-8444	Harlene Golden
Church of St. Matthias 168 JFK Blvd. Somerset NJ	Support group to provide affirmation and unconditional love for HIV+/PWAs regardless of religion	Weds. 7:30 PM	Rectory Mtg. Rm	828-1400
Cumberland Cnty AIDS C'ltn 399 N. Laurel St., Bridgeton	For PWAs and those dealing with PWAs		(609) 451-2493 Weekdays	Bill Tracy
F.A.I.T.H., 307 WillowAve. Hobolen, NJ	Individual, family & group Spanish-speaking support	CAll for information	(212) 792-6161	Bro. Bob Reinke, Director
Hyacinth Foundation Barrow Mansion 83 Wayne St Jersey City	PWA support groups throughout NJ (women, gay, IVDU, Spanish-speaking, etc.)	Call for information	(800) 433-0254 (201) 432-1134	John Mackin
Hyacinth Foundation meets at Barrow Mansion, Rm. 107 Jersey City, NJ	Gay support group for PWAs, PWArcs, HIV+, and concerned	Mon 7:30-9:30 PM	(1-800) 433-0254 (201) 432-1134	Hotline Anthony Salandra
Jersey City Medial Center 50 Baldwin Ave Jersey City, NJ 07304	1. AIDS Support Group 2. Infectious Disease Clinic for HIV positive/ARC/AIDS	1. Thurs 6-7:30PM	(201) 915-2295	Tom Cronin
Jersey Shore Medical Center 1945 Rte 33, Neptune	Gay, HIV+ support group	Thurs 7:30 Conference Rm 3	(201) 776-4711	
Jersey City women's group meets at Saint Aloysius H.S. 721 Westside Avenue	Support group for women HIV+ through sexual transmission. Money to help w/ transportation, child care	Thurs 6-7:30 PM	(201) 648-0350	Valerie Rothman, MSW, NJCRI
Ocean AIDS Info Group Ocean Cty. Health Dept. Sunset Ave. Toms River, NJ	support group anonymous test site	Tues 7:30-9 Tues 5:30-8:30	(908) 341-9700	Marsha Council
Francis Community Ctr.	Ocean AIDS Info Group	Fri. 7:30-9	(609) 698-8889	Bill Sampson

Brant Beach, NJ	support group			
NA/Common Ground, St. Francis Hosp, 25 McWilliams Place, Jersey City	PWAs, PWARCs, and concerned substance abuse	Sat 8PM, 9th Fl. classroom	(201) 795-7004	Joan Quigley
New Jersey Buddies P.O. Box 413 Teaneck, NJ 07666	Buddy services and support groups PWAs, worries well & significant others, financial advocacy		(201) 837-8125	Frank or Tracy
NJ SelfHelp Clearinghouse Union, NJ	PWAs, HIV and anyone affected by AIDS	Call for info	(800) 367-6274	Barbara Porter
PWAC of NJ 1576 Palisade Ave. Fort Lee, NJ 07024	PWAs, HIV+, worried well, significant others, women's groups, healing circle	Call for time and	(201) 944-6670	
South Jersey AIDS Alliance 1616 Pacific Ave, Ste 201 Atlantic City, NJ 08401	Support groups in English and Spanish Buddy services; also Cape May and Cumberland Cties.		(609) 347-8799 (800) 432-AIDS	Matthew McCrosson John Dubois
St Michael's Medical Center 268 Martin Luther King Blvd #107, Newark	1. PWA/HIV+ support groups 2. HIV+ teenagers	Call for information	(201) 877-5524	Maria Lebedynec Sr. Gabrielle Edison Berrio
For additional New Jersey information call the Hyacinth Foundation at 1-800-433-0254 or (201) 246-0204				

MANHATTAN

Ackerman Institute for Family Therapy, 149 E. 78th St	Individual counseling; couples/families bilingual, transportation available	Sliding Scale Call for information	(212) 879-4900	John Patten Gillian Walker
ADAPT, 236 East 111th St New York, NY 10029	1. PWA/HIV+ IVDU support group 2. Lesbian PWA/HIV+ IVDUs	Wed 5 PM Thurs 6PM	(212) 289-1957 (212) 289-1957	Maria Serrano
AA/Bailey House, 180 Christopher St. 6th Fl.	Open to all PWAs, HIV+	Fri 7 PM	(212) 289-3054 Lauren Young	Sobriety First, Diagnosis Second
AA/VA Medical Center 15 E. 26 St. Rm 1810	HIV+, PWAs Thurs 8 PM	Manhattan VA Hospl E. 24th @ First Av.		(212) 683-3900
AA/St. Stephens of Hungary 414 E. 82nd	HIV, AIDS, ARC	Mon/Wed 7PM	(212) 861-8500	
AA/St Marks Place	AIDS/HIV+	Sunday 12 noon	(212) 683-3900	
ARRIVE 11 Beech Av. NYC 10012	Comprehensive, 8-wk. HIV/Substance abuse prevention programs	call for info	(212) 941-2351	Howard Joseph
Beth Israel Medical Center 1st Ave at 16th Street Bernstein Pavillion	1. Gay PWAs Support Group 2. Substance abusers with concerns about HIV infection	1. Tues 11:30 2. Wed 3-4 PM	(212) 420-4506 (212) 420-2773	Patty Colligan-Levine CSW
Body Positive 133 W 46 St. Mary's Mission	AIDS/ARC/HIV/+ mixed drop in, family welcome (Spanish available)	Thurs 6 PM	(212) 721-1619	
Cancer Care, 1180 6th Ave	Kaposi's Sarcoma or Lymphoma	Weds 3-4:30 PM	(212) 302-2400	Dominick Bonanno
CA/Bailey House, 180 Christopher St, 6th Fl.	PWAs/HIV+ and recovering friends AA	Sun 1-2:30 PM Fri. 7PM	(212) 337-3054	Lauren Young
Columbia Presbyterian 622 West 168th Street	1. In-patient support groups 2.HIV AIDS Mental Health Clinic, Out-patient services for HIV+, PWAs (Medicaid, Sliding scale)	1. Call for schedule 2. M-F by Appt.	(212) 305-3072 (212) 305-5977	Gwen Florant Kevin Mahoney, MSW
Community Health Project 208 West 13th Street	1. HIV+, worried well, wellness promotion 2. Stress management workshop 3. Bilingual support	1. Mon 6 PM except 1st Monday 2. Fri 12-1:30PM&2-3PM 3. Wed 2-3:30	(212) 675-3559 Magdalena	Gail Spindell
GMHC, 129 W 20th Street	1. Drop in AIDS support groups 2. Women with AIDS/HIV+ support grp.	1. Tue 5:45 PM, Thurs 5PM, 2. Thurs 11 AM	(212) 807-7660	Call for other groups
GMHC, "A-Team" 129 W 20th Street	One time walk-in peer counseling AIDS anxiety, worried well, HIV+	Mon, Tue, Thur 7-9 PM	(212) 807-6655	
Greenwich House, Inc. AIDS Mental Health Project 80 Fifth Avenue	Counseling for HIV & PWARCs, PWAs with current or past drug or alcohol abuse problem	$8.00 per session sliding scale	(212) 691-2900	Michelle Fontaine, Dir.
Hetrick-Martin Institute	HIV+ adolescents (16-20 yrs. old), health services	Free	(212) 633-8920	Manuel Guzman Joan Altman
Identity House 544 Sixth Avenue	1. HIVpositives 2. Open men's rap/support groups 3. Peer counseling	1. Call for info 2. Sun 2:30 PM 3. Sun, M, Tu 6-10	(212) 243-8181 Walk in	Dan Bloom
Institute for Human Identity 118 W. 72nd St.	Individual, couples, group therapy lesbians with HIV/AIDS; couples HIV+/-	Sliding scale call for information	(212) 799-9432	Lauren Gordon
Jewish Board of Family and Children's Services	Individual & family therapy; couples & groups; non-denom; PWA/ARC and worried well, HIV positive	Sliding scale Call for information	(212) 582-9100 ext 241	Toni Mufson
Lesbian and Gay Community Center, 208 West 13th Street	PWARC support group	Thurs 8-9:30	(212) 6868115	Bob Bergman

Minority Task Force on AIDS 92 St Nicholas Ave #1B	1. Spanish-speaking PWA/ARCs and families 2. Women's PWA/PWARC group	Call for information Weds. 6 PM	(212) 749-2816 (212) 749-2816	 Lori Watts
Momentum AIDS Outreach 19 W. 36th 3rd Fl.	Counseling services; HIV pre/post-test counseling, advocacy, referrals	Call for information	(212) 268-2610	
Mt Sinai Adolescent Health Center, 19 East 101st Street	HIV+ support group and counseling for PWAs and other adolescents under 21	Call for information	(212) 241-7214	Alvaro Simmons Liz Schnee
NA/Gracie Square Hospital Library, 420 East 76th Street	For PWAs/ARCs, HIV+	Sun 4-5:30 PM	(212) 366-5152	Leonce
New York Veterans Hospital 1st Avenue at 24th Street	For Veterans in & outpatient: 1. PWA support group (gay, IV drug, male, female, family) 2. HIV+ support group	 1. Tue 10-11 AM 2. Mon 10-11 AM	 (212) 951-3355 (212) 951-3346	 Maggie McGibbon Lloyd Moore
Positively Sober	PWA, PWArc, HIV+ who are addicts	Tue 7:30 PM	(212) 663-3733	Brent
Project Arrive (division of NDR) 11 Beach Street	8 week comprehensive counseling & testing program for IV drug users	Call for information	(212) 966-8700 ext 473 or 546	
People With AIDS Coalition Living Room 222 West 11th Street	1. 'Living room' drop in lounge; PWAs, PWARCS, and friends 2. Gay Men's PWA/PWARC open group 3. Spanish-speaking PWA/PWARCs 4. Hetero/Bi group	1. Thurs-Mon 1-5:30 PM 2. Call Scott Hatley, CSW 3. 2nd/4th Mon. 6:15 PM 4. 1st, 2nd, last Fridays	(212) 532-0568 (212) 674-4706 7:00 PM	
Roosevelt Hospital 17 West 60th St, 9th Fl.	Individual, couples, family; PWAs/ PWARCS	Call for information	(212) 523-6714	Norma Berger Virginia Montoya
Sheridan Square AA	One-to-one, at your home or hospital	48 hrs notice req.	(212) 582-1881	David
Sloan-Kettering 1275 York Avenue	1. Educational support group Room 522, Schwartz bldg 2. HIV positives 3. Transfusion related	1. 3rd Wed of month 6:15 PM 2. One Wed/mo.6PM 3. 2 W 5:30 PM	(212)639-8467 (212) 639-2063 (212) 639-2063	Steve Bohrer Les Gallo-Silver Les Gallo-Silver
St Clare's Hosp, 415 W 51 St	HIV+, PWA, PWARC support group	Mon 5:30 by appt.	(212) 459-8672	Caroline Moorhead
Trinity AIDS Task Force 74 Trinity Place, Rm 317	PWAs/ARC/HIV+, family, friends & caregivers, all welcome	2nd & 4th Wed 6 PM	(212) 602-0800	Justus Van Houten
UARE at Middle Collegiate Church, 50 East 7th Street	PWA/ARC support group, retreats	Call for more information	(212) 228-8108	Joseph Bonomo
West Side AIDS Project 593 Columbus Ave at 88th	Individual and family counseling; support groups, Spanish, English, ASL	Call for information	(212) 877-6020	Judy Wenning

B. CARE PARTNERS, FAMILY, FRIENDS SUPPORT GROUPS

LONG ISLAND

Long Island Association for AIDS Care	Care partners, family and friends	Nassau- Tue Eve Suffolk, East End, Wesbuy: Thur PM	(516) 385-2437	Lori Hurley
Oceanside Jewish Center 2860 Brower Av, Oceanside NY	For families/friends/carepartners Nassau County	Thurs 7-8:15 PM call for time/place	(516) 678-6936 (516) 536-6112	Arlena Binowitz

NEW JERSEY

249 Virginia Ave, Jersey City	Drop-in support group	Tue 7 PM	(201) 795-8444	Harlene Golden
GMSMA	Care partners in leather/SM community	evry other mon 7	(201) 659-7413	Bob Gillespie
Hyacinth Foundation 103 Bayard St, New Brunswick	Family, friends, & partners support groups throughout NJ	Call for information	(800) 433-0254	
Atlantic County Care Partners		Tue 8 PM	(609) 641-8131	Tom Dowdal
St Michaels Med Ctr, 268 Martin Luther King Blvd, #107	Family & Significant Others group in English and Spanish	Call for information	(201) 877-5524	Maria Lebedynec

STATEN ISLAND

SI AIDS Task Force/Ctr for HIV Education & Srves. 25 Hyatt St., 5th Fl.	Family support, counseling and referrals	Call for info	(718) 981-3366	Sam Arus

BRONX

Bronx AIDS Community Svc Proj, 1 Fordham Plaza	Family support, counseling services and referrals	Call for information	(212)588-5598	Gregory Rice
Bronx-Lebanon Hospital Center, 1276 Fulton Ave.	Support groups for family, care partners, and teenage children of HIV parents	Call for information	(212) 901-8453	Diane Pincus-Strom
Einstein College of Medicine 1825 Eastchester Road	Parents Group	Every other Thurs 11:30 AM	(212) 904-2707	Anita Septimus
1021 East 225 St. Bronx	Mother's group for PWAs	call for time	(212) 655-3037	Mary Heard

BROOKLYN

AIDS Children Teaching us About Love, Lamb's Church 130 W. 44th St b/t 6 &7th Av.s	Family members, caregivers of children with AIDS/HIV disease–information, referrals and emotional support	1st/3rd Tues 6-8PM	(718) 265-6073 (718) 449-2586	Ada M. Setal
Brooklyn AIDS Task Force 227 5th Avenue	Mothers of PWA adults	Call M-F 9:30-5:30 Mon-Fri	(718) 783-0883 (718) 638-2437	
Brooklyn Group Support Project	1. Negative Partners group 2. Children of PWAs	Call for information	(718) 270-2758	Sheila Crandles
Montefiore Hospital 111 East 210th St.	Support groups for families and care partners	Every other Mon 5:30 PM	(212) 920-5460	Monnie Callan
Brookdale Hospital Special Care Center	Support services to families and gay men	Call for more information	((718) 240-6076	Patti O'Kane Dr. Steven Warner
Mother's Love	Mother's Group		(718)) 383-4402	Mildred Pearson
Brooklyn AIDS Project 50 Monroe Place	Caregivers	1st Unitarian Church	(718) 596-9168	Melinda Broman, PhD
Interfaith Medical Center 555 Prospect Pl	CarePartner group	Call for information	(718) 935-7277	
Jewish Board of Family & Children's Svcs. 26 Court St, Bklyn; Ste 800	Support grp for parents who have lost children to AIDS	Wed 6-7:30 PM	(718) 855-6900	Lee Allan or Debbie Kornfeld
King's County Hospital 451 Clarkson Ave	1. Caregivers of HIV+ children 2. Parents advocacy & self-help	Call for information	(718) 270-1573 (718) 270-3332	Sheila Crandles Anita Sussman

QUEENS

AIDS Center Queens County	Care partner support group	Call for Information	(718) 896-2500	97-45 Queens Blvd.

MANHATTAN

AIDS Family Service West Village	1.Mother's support group 2. Family support group	Tue 7 PM Wed 8 PM	(212) 691-5689	Fran Herman, MSC
Beth Israel Medical Center 1st Ave at 16th Street	1. Care partner group for friends, lovers and family. 2. Children of PWAs	Call for information	(212) 420-2779 (212) 420-2851	Alan Rice, CSW Lockhart McKelvy
Body Positive 2095 B'way	Family, friends, lovers, neg. partners	Call for information	(212) 721-1445/6	Karen Solomon
Manhattan Center for Living	12-step meeting for caregivers	704 B'way 3rd Fl.	Tuesdays 7-8:30	(212) 533-3350
Columbia-Presbyterian 622 West 168th Street	Individual of group support for families, lovers, care partners	Medicaid, sliding scale	Call for appt (212) 305-5977	Kevin Mahoney, MSW
GMHC 129 West 20th Street	Care partner walk-in group	Every other Fri 5:30-7 PM	(212) 807-7660	Richard Wein Judith Peabody
Identity House 544 6th Ave	HIV-positive, worried well support grps.	Call for information	(212) 929-7178	Carl Eden
Mayer-Avedon Women's Support Groups	HIV negative wives with husbands/long term partners w/ AIDS	Nominal fees	Call for information Ruth Mayer	(212) 989-6649
Met Duane Church	Friends, caretakers, relatives of PWAs	Tue 7:30	201 W 13th St	In the chapel
Momentum AIDS Outreach 619 Lexington Avenue	Interfaith counseling services; HIV pre/post test counseling	Call for information	(212) 268-2610	
NYU AIDS Mental Health Project	Support groups, workshops, & annual conference for health care providers	Call for information	(212) 998-5332	
PWAC West Village	Care partners, lovers, wives, husbands, others living w/PWAs/PWArcs	Wed & Thur, 7:30-9 PM	Must call first	(212)532-0290 Larry Bee
Sloan-Kettering 929 Madison	Care partners, friends, family	once a month	(212) 639-6864	Angela McCabe
Saint Cecilia's 125 E 105th St, NYC 10029	Families and friends of PWAs	Thurs 5-6:30PM	(212) 534-6888	Sr. Regina Burns
Trinity AIDS Task Force 74 Trinity Place Rm. 317	professionally-led support groups PWAs welcome	2nd/4th Wed 6PM	(212) 602 0800	
West Side AIDS Project 593 Columbus Ave (88th St)	Individual, family counseling; support groups; Engish, Spanish, ASL	Call for information	(212) 873-6600	Judy Wenning
Women in Crisis	Caregivers, parents, friends	Wed 6PM	(212) 242-4880	Marie Nobles da Silva

C. BEREAVEMENT COUNSELING

LONG ISLAND

LIAAC	1. Nassau County 2. Suffolk County 3. East End County	1. Tue eve 2. Thur eve 3. Tues eve	(516) 385-2437 " "	Lori Hurley

NEW JERSEY

AIDS Centere at Hope House	Cal for information	(201) 361-5555		Michael David- Wilson

19-21 Belmont Ave, Dover,NJ				Paul Harding
Hyacinth Found. 103 Bayard St, New Brunswick, NJ 08901	Bereavement groups and counseling for individuals, families in NJ	Cal for information	(800) 433-0254	
NJ Buddies, 61Church St, (St. Pauls Church) Teaneck	1st and 3rd Friday of month 8:30-10:00 PM	(201) 837-8125	Frank or Tracy	

QUEENS

ACQC, 97-45 Queens Blvd	Call for information	(718) 896-2500	Debbie Valins	

BRONX

Bronx AIDS Services 1 Fordham Plaza, Ste 800	Bereavement support group	Mon 6 PM	(212)295-5605	Isa Martinez
Veterans Administration	Families, friends of Verterans witrh AIDS	Mon 4:30-5:30 Rm. 3C-51	(212) 584-9000 ext 1873/1860	Dennis Keeys
Bronx-Lebanon Hosp. Ctr. 1276 Fulton Ave	Families, friends & significant others	Call for information	(212) 588-7000 ext 358	Charles Bolds

BROOKLYN

Church Av. Merchants Block Association, 1720 Church Av.	bereavement support groups open to all	call for info	(718) 693-2025	Debra Rice

MANHATTAN

AIDS Family Service			(212) 691-5689	Rev. Fran Herman
Beth Israel Medical Ctr.	Services for wrll children of PWAs	Call for information	(212) 420-4135	Stephen McFadden
Christ The King MCC	By appointment	No charge	(718) 898-1681	Rev. Vilma Torres
Columbia-Presbyterian 622 West 168th St	By appointment, HIV Mental Health Clinic	Sliding scale	(212) 305-5977	Dr Carmelo Lugo
GMHC, 129 W 20th St	Wed, 8 Pm, walk-in		(212) 807-7660	Stephen McNulty
Institute for Human Identity	Individual/group therapy	sliding scale	(212) 799-9432	Lauren Gordon
Jewish Board of Family and Children's Services	Call for information		(212) 582-9100 ext 241	Toni Mufson
Metropolitan-Daune U.M. Church, 201 W 13th St.	By appointment	Sliding scale	(212)243-5470	Ben Burns
Mount Sinai Adolescent Health Center, 19 E 101 St.		Call for information	(212)241-4493	Alvaro Simmons
St. Mary's			(212) 674-3266	Sr. Maria
St. John's in the Village	Mon or Wed, 9 PM	Bereavement grp.	(212)677-9273	Fr. Jim Niekarz, NM
St. Vincent's Hospital 130 W 13th St.	Mon and Tue, 6:30 PM	No charge	(212) 790-7508 (212) 790-7084	Sr. Patrice Murphy Kathleen Perry
Lillian Rosengarten, MSW 125 Riverside Dr. Ste. 1E	12-week bereavement groups	sliding scale	(212) 787-0208	
Sister Regina	support, prayers for family/friends	Thur 3:30-4:30	(212) 534-6888	125 E. 105th St.
Spellman Center	415 W 53rd St	Wed 5;45 PM	(212) 586-1500	Mark Winiarski, MS
Washington Square Church	Tue, 7:30-9 PM	No charge	(212) 777-2528	Rev. Martha Morrison

WESTCHESTER

AIDS Related Community Services--see pg. ii		Call for information	(800) 777-2528	Rick Owens

D. HOLISTIC SUPPORT

ACT UP Holistic/Alternitive Caucus. 135 W. 29th St 10th fl.	Support, info-sharing, political action, & coalition-building re: alternative & holistic treatments and approaches	Tue 6:30-9:30	(212) 564-2437	Jon Greenberg Gene Fedorko
Acupuncture Clinic	Lincoln Hosp. (Bronx), sliding scale	For PWA/PWArcs	(212) 579-5138 Call for appt.	Dr. Michael Smith Myra Mojica
ARRIVE (see pg. iii)				
Ayurveda Resources of NY	TM, yoga, massage, diet, music		Call for info	(212) 675-0310
Channeled Group	for PWA/PWArc/HIV+ meets monthly	free— call for info	(212) 213-0024	Susan M. Satya, M.A.
Chiropractic	Sliding scale	By appt.	(212) 772-0910	Andrea Mentzel, D.C.
Chiro/Applied Kinesiology	Sliding scale	Call for appt.	(212) 431-3724	Dr. Vittoria Repetto
Chiro/Nutritional Support	Sliding scale for uninsured patients	By appointment	(212) 647-4600	Dr. Paul Olshansky
Sharon Cory, RN	Holistic, nutritional psychological & spiritual support		(212) 627-3108	Sliding scale for PWAs
GMHC	Nutritional counseling	GMHC clients only	(212) 807-6672	
Gestalt Therapy West 302 W. 79 St. Ste. 1C	Individual/couples counseling, groups for personal empowerment	call for appt./info	(212) 362-7827	Perry Klepner
H.E.A.L. (Health Education AIDS Liason)	Support and info for alternative and holistic approaches to AIDS & ARC.	Wed 8 PM, Gay Comunity Ctr. 208	(212) 674-HOPE Info avail. at Forum	Michael Ellner

	Weekly open info forum. Monthly crative healing seminars.	West 13th St.	or by phone	
Healing Circles (I and II)	Donation; Women's Grp. Wed, 5:45	M,Tu, Th * PM	Call for location	(212) 206-6376
Holistic Connections Network	Information and referrals re: holistic therapies (homeopathy, Bach Flower remdies, Ayurvedic medicine, Kinesionics, metabolic theapy)	Call for info	(718)384-5048	Carola Burroughs
Hypnotic Transformation (tape)	Self-hypnosis training; tape $3.50 to PWAs/PWArcs plus $.50 postage	Cal for information	(212) 580-3471	Michael Ellner
Manhattan Center for Living 704 Broadway, 3rd Fl.	Workshops, support groups, various services	Call for information	(212)533-3550	
Meditation Class	Invincible Voices, 51 W 14th St, #2R	Wed by appt Sun at 6:30 PM	(212) 255-2636	Murray Edelman, PhD
Northern Lights Alternatives, 150 W 26th St, NY 10001	AIDS Mastery Workshop: 3-day empowerment seminar for PWA/Arcs, HIV+, caregivers and loved ones.		(212) 255-8554	Robert Santoro
NY Open Center 83 Spring St. NY, NY	Holistic learning center classes and workshops	call for info	(212) 219-2527	
Penwell Foundation Box 51 Penwell Rd Port Murray, NJ 07865	Lectures, workshops, and residency programs dealing with immune enhncmnt for PWA, PWArc, HIV+	Call for information	(201)689-7743 Answering svc. (212) 255-5591	
PWAC/LI 1600 New Highway	Free Chiropractic	M,W,F 1:30-2:30		
Reiki Network of NJ	Restores, balances energy, stress release, restoration	Free treatments Home or Hosp.	(201)753-3888 or (800) 433-0254	Penny Gnesin Wendy McCahill
Reiki Network for AIDS	Healing technique which restores and balances energy, reduces stress	Free treatments Home or Hospital	(212) 243-3612	Alan Burns
NIRO	Workshops, ongoing support groups & individual sessions for self healing	Call for information	(212) 735-4309	Niro Assistant
Shiatsu Massage	Sliding scale fees		(212) 472-7980	Penney Leyshon
Siddha Shiva Center	Meditation, chanting, meals, counseling, communitiy service	Open to everyone	(212) 627-3108	
Sserulanda Community 76 W. 125th St.	workshops & demos in holistic health, yoga, meditation, colonic irrigation, soul therapy	Call for info	(212) 289- 7361	
Stress Reduction Workshop 228 West 13th St	Free to PWAs, PWARCs and HIV postive people	Call for more information	(212) 243-8846 (212) 642-8150	Keith McErlean, CSW
Water of Life Support Group (Urine Therapy) NY Chapter 250 Cabrini Blvd, # 5E, NY	Offers support, medical & popular info	Call for info	(212) 795-6625	Quique Palladino
Water of Life Institute P.O. Box 223543, Hollywood FL 33022-3543	Founding Institute; books on Urine Therapy. Support for PWAs in Florida and general South	Call or write for	(305) 937-0949	Margie Adleman, LMT C.N
Dana Winkler	House/hospital/hospice calls	Call for info	(914) 365-3481	
Women's Institute for Training & Support Services	1. Meditation classes 2. Nutritional counseling, natural detoxification.	By appt.	(212) 924-8402 (212) 924-8402	Bonnie Harrison Bonnie Harrison
Yoga Class at Judy Trupin Studio, 220 E 4th St. (A&B)	Free class to those interested in healing and well-being	Wed 12-1:30 PM Rm 43	(212) 629-1849	Pranakendra
Raja Yoga	Meditation techniques - grps & ind.	No charge	(212) 233-8066	
Integral Yoga Institute 227 West 13th St	Yoga-Meditation free to PWAs, PWARCs. Dress comfortably	Sat 11:45 PM Bring a towel.	(212) 929-0586	Led by Prema

E. FOOD & MEAL PROGRAMS FOR PWAs

Congregation B'nai Jeshrun 257 West 88th St	Monthly lunches for all PWAs and their loved ones	Call for more info	(212) 787-7600	
Center for Food Action, NJ	food pantry for emergencies	(201) 569-1804		
God's Love We Deliver	meals delivered to homebound PWAs Monday thru Friday	(212) 874-1462	Jim or Joan	Manhattan, Bronx Brooklyn, Staten Island Jersey City, Queens
Hyacinth Foundation	Meals to homebound PWAs in Middlesex, Union, Somerset Cties. in NJ	M-F	(201) 246-0204	Lori Stanlick
Sunday Supper at Manhattan Center for Living	Gourmet Vegetarian with body work sessions	6-7 PM	(212) 533-3550	704 Broadway, 3rd Fl.
MCC Food Pantry for PWAs	Free groceries	(212) 242-1212		Rev. Pat Bumgardner
Minority Task Force on AIDS 92 St Nicolas Ave # 1B	Dinner at St Phillips Church 204 W 13th St	Mon 6 PM	(212) 749-2816	
Momentum AIDS Outreach	Dinner, social services & financial advocacy. Meals Mon-Thur	Different locations in NYC	(212)268-2610	Call for referral information
New Jersey Buddies P.O. Box 413, Teaneck	"Meals on Wheels" type service. Hot meals prepared and delivered. Food Bank	Call for information (201) 837-8125	(201) 837-8125 Tracey or Frank	

New Jersey Food Bank	Free Groceries	(201) 944-6670		
People With AIDS Coalition	"Living Room" drop-in lounge 222 West 11th Street	Mon, Thur, Fri, 1-4 PM		
Plainfield Unitarian Society 724 Park Avenue Plainfield, NJ 07060	Community Dinner for persons withAIDS and HIV infection and their guests. Vegetarian, non-lactose, and other special dishes available.	3rd Sunday of each month	(800) 433-0254	RSVP by Wed before dinner
Rutgers Church 236 West 73rd Street	Macrobiotic dinners for PWAs, PWARCs. $5.00 donation	Thur 6:30 PM	(212) 288-2290	Billy Koehler
Siddha Shiva Center Chelsea Hotel	Vegetarian dinner Wed & Thur ($3-4 donation)	(212) 627-3188	Call for info and reservations	
T.O.U.C.H. - Brooklyn Friends Meeting House	AIDS Dinners - Mon 6-7 PM 110 Schermerhorn St.	6:30 PM stress reduction	(718) 638-0022	Mary Ryan Mahisteri
Yorkville Comon Pantry 14 E. 109th St.	Lunch at St Edward the Martyr 12:30 PM	Mondays	(212) 410-2264	Betsy Schmidt

F. MEDICATION SOURCES AND INFORMATION

Project Inform	Drug information	1-800-822-7422		
PWAC Hotline	Experimental drug information, competitive pricing on selected drugs	(212) 532-0568 (800) 828-3280		
AIDS Treatment Registry	Info on clinical trials in NY;NJ	(212) 268-4196	259 W 30th Street	4th Floor, NYC
Burroughs-Wellcome	AZT info, acyclovir info	1-800-722-9392	ext 3633	
Bristol- Myers	ddI information	1-800-662-7999		
Center for Medical Consumers	Free resource library of medical and health information	(212) 674-7105	9-5 M-F 9-7 Wed	237 Thompson St
ADDP(AIDS Drugs Distribution Program)	Pays for AZT, pentamidine, alpha interferon	1-800-433-0254	New Jersey	
APP (AIDS Prescription Project)	Free info on how to zero-out prescription cost	1-800-4454519 1-800-227-1195	NY State National	
APP (AIDS Prescription Project) medicas sin costo alguno	Para obtener informacion de como recibir prescripciones (recetas)	1-800-4454519 1-800-227-1195	Nueva York Fuera NY	
A.D.A.P. AIDS Drug Assistance Program	Free AZT, pentam, alpha interferon, bactrim, leucovorin, dapsone, fansidar, acyclovir, DHPG, nystatin, fluconazole, clotrimazole, ketoconazole	Questions & to apply	(800) 542-2437	
Clinical Trials Hotline	Info on trials nationwide	1-800-TRIALS-A	(874-2572)	
Family Pharmeceuticals of America, Inc.	AZT, pentamidine, and other drugs at discount prices	1-800-922-3444	S. Carolina: (803) 881-3444	Accepts insurance assignment
Industrial Prescription Svc.	All HIV drugs at wholesale, mail service	(201)798-0300	60 Sip Av. Jersey City	M-F 9-6:30, Sat 9-3
My Choice Plan	Mail-order pharmacy	1-800-336-7310	Accepts insurance	and VISA
PAAD (Pharmaceutical Assistance for Aged and Disabled)	Prescriptions for free or at reduced price. Must be on SSD to qualify.	1-800-433-0254	New Jersey	
Prescription Drugs Preferred RX Plan	5755 Grangwer Road Independence, OH 44131	1-800-365-2646 (216) 661-1977	billing to insurance Co.	Home delivery
PWA Health Group	Imported medications, nutritional supps.	(212) 532-0280	Mon-Fri	10 AM- 6PM
Dallas Buyers Club	Imported medications	(214) 826-7455		
University Pharmacy	Mail-order pharmacy	1-800-445-4391		Insurance accepted

G. RECREATIONAL ACTIVITIES FOR PWAs

Bronx Community Service	Planning for Trips	Wed 6-8 Pm	(212)665-4907	Gregory Rice
GMHC, 129 W. 20 St, 6th Fl (call (212) 807-6672 for info regarding groups, theater & movie tickets, and special events)	Drop-in lounge: Mon &Tue Wed & Thur Friday Haircutting, Knitting, Massage, Sewing Stretch Class	12-6 PM 1-6 PM 1-9 PM CAll for info	(212) 807-6672	Must be registered client
People With AIDS Coalition	"Living Room" drop-in lounge 222 Wesr 11th Street	Thur-Mon 1-5:30	(212) 532-0568	
St Mark's Episcopal Church 82nd St and 34th Ave Jackson Heights, Queens	Drop-in social	2nd Sun of each month 4:30-8:30 PM		
TIME OUT Hyacinth's Hudson County Project Office 83 Wayne Street, Jersey City	Provides theater and concert tickets, movies, and special events to persons with AIDS and HIV infection and their guests who live in NJ or Buck's County, PA	Movie night: : Fri 7-10 PM	(800) 433-0254	

H. AIDS MINISTRIES

The following religious organizations offer a variety of services (i.e. prayer groups, meals, home/hospital visits, funeral/memorial services, etc) and we urge you to call and inquire.

AIDS Nartional Interfaith Network	(212) 870-2100	
AIDS Resource Center Pastoral Care	Pastoral care by priests, ministers, rabbis Call fro resources and referrals	(212) 481-1270 Rev. Karen Ziegler
Atheist AIDS Ministry (AAM)	Atheist, agnostic, and free-thinking PWAs, PWArcs, HIV+; 2-9PM	(212) 255-1439 leave message for Randy or Larry
Axios (Eastern and Orthodox Christians)	Pastoral referrals—George Plagianos	(212) 989-6211
Brooklyn Catholic Charities	Brooklyn and Queens	(718)596-5500
Brooklyn Heights Synagogue 117 Remsen St. Brooklyn	Sherri Venokur, AIDS committee	(718) 858-5274
Calvary Baptist Church (Footprints Ministry)	Bobbie Giles (212) 268-7210	(212) 268-7466
Cathedral AIDS Outreach St. John the Divine	Emergency assistance, pastoral care, funerals, memorials	(212) 316-7541
Christ the King MCC	Rev. Wilma Torres	(718) 898-1681
Church of the Blessed Sacrament	To receice Holy Communion—Sr. Mariana	(212) 877-3111
Rev. Gregory Colucci	44 Rifle Camp Rd. W. Paterson NJ	(201) 523-0743
Congregation Beth Simchat Torah	Rabbi referrals	(212) 724-6050
Interfaith Aid New Jersey	Chaplin Carol Barmesberger	(201) 895-4874
LIAAC (Nassau/Suffolk Counties)	Spiritual sharing, pastoral visitation, retreats prayers, pastoral care committee	(516) 385-2437
Metropolitan Community Church of NY	Rev. Pat Bumgardner	(212) 242-1212
Metropolitan Community Church of Brooklyn		(718) 596-0191
Metrpolitan Duane Methodist Church	Grace George; Rev. Taka Ishii	(212) 243-5470
Ny Fellowship AIDS Ministry	Thomas B. Stribling	(212) 809-3535
Riverside Church	Rev. Eric Kolbell	(212) 222-5900 ext 237
Siddha Shiva Center, Chelsea Hotel	Chanting Monday, meditation, counseling community service	(2120 627-3188 Call for info and reservations
St. John's Episcopal Church	Father Prator	(212) 243-6192
St. Joseph's Rectory Paterson, NJ	Rev. Robert Wisniefski, MSW bi-lingual cousenling, support for HIV+ IVDUs	(201) 742-7917
St. Francis AIDS Ministry, RC Church 135 West 31st Street	Monday-Saturday; Rev, Mychal Judge, Bill Haedrich	(212) 695-1500
St. Peter's Lutheran Church		(212) 935-2200
St. Stephen of Hungary RC Church	Sr. Kathleen O'Farrell, Mike Frasch	(212) 861-8500
Unitarian Church of All Souls	F. Forrester Church	(212) 535-5530
Upper Room AIDS Ministry	Interfaith services, retreats, patoral care, adult daycare	(212) 929-5313 (212) 222-6544
Washington Square Methodist Church	free memorial space	(212) 777-2528

SPECIAL AIDS PRAYER

Christ the King MCC, 135 West 4th St.	1st Sun, 7 PM; Rev. Vilma Torres	(718) 898-1681
Congregation B'nai Jeshurun	257 West 88th Street, Call for dates	(212) 787-7600
Healing Mass at the Church of the Holy Cross 329 W. 42nd Street (between 8th & 9th Aves)	Last Mon each month, 7:30 PM (Catholic)	(212) 246-4732 Rev. Anthony Eremito
Healing Prayer, 415 W. 23rd St.	Thur 7:30 PM; Bob Lasenna	(212) 989-0425
Mass of Healing laying on of hands (lutheran)	St Peter's, 619 Lexington; 1st Tue each mon	& PM (212) 935-2200
Metropolitan Community Church of NY	208 W. 13th St;3rd Fl; Rev. Bumgardner	(212) 242-1212
Our Lady of Guadalupe, Healing Mass (RC)	229 W. 14th St; 3rd Thur each month, 7:30PM	Father Peter
St. Cecilia's 125 E. 105th St.	Wed 5-6:30 PM, Thurs 1-2:30 PM	(212) 534-6888
St Ignatius Healing Mass W87th & West End	(Episcopal) Wed 6:30 PM—Fr Howard Stone	(212) 580-3326
St. John's Episcopal Church, 224 Waverly	Healing Mass, 6:15 PM Wed—Fr. Prator	(212) 243-6192
World Wide moment of prayer/meditation	Daily at 10 PM EST (AIDS Interfaith Network)	(212) 928-HOPE

I. LEGAL, DISCRIMINATION AND IMMIGRATION

ACLU	AIDS & Civil Liberties Project	(212) 944-9800
AIDS Legal Rights Handbook	SASA To: NGRA, 540 Castro St, San Fran, CA 94114 — Free	
Bergen County Legal Services		(201) 487-2166
Brooklyn Legal Services HIV Project	Free advice and representation to HIV+ Bklynites	(718) 237-5500
Community Action for Legal Services	Housing issues, family law, welfare	(212) 431-7200
Gay and Lesbian Anti-Violence Project		(212) 807-0197
GMHC	Legal Department	(212) 337-3504
Lambda Legal Defense		(212) 995-8585
Legal Action Center	Free legal services to PWA/Arcs, HIV+, esp women and children, former and current drug users; 9AM-5PM; Mon-Fri. Call & ask to speak to a paralegal	(212) 243-1313
Legal Aid Society, Manhattan below 35th St. for welfare, medicaid, SSI, etc.	"free" legal assistance to the poor, West Side	(212) 255-6673
Legal Aid Society, Brooklyn		(718) 645-3111
Legal Services Hyacinth Foundation	Free/ sliding scale legal assistance for PWAs who are residents of NJ; legal education/info Michael Fannon, Legal Services Manager	(800) 433-0254

LIAAC	HIV forum legal workshop	(516) 385-2437
NJ ACLU	American Civil Liberties Project	(201) 642 2084
NJ Division of Civil Rights	Legal assistance, for discrimination	(201) 977-4500
NYC Commission on Human Rights—AIDS Unit	Discrimination in housing, employment, health svcs. & public accomodations (stores, restaurants, dentists, etc)	(212)566-8985 (212)566-8974 (2120566-1826
NYC District Attorney	Gay and Lesbian Liason	(212) 533-9291
NYS Division of Human Rights		(212) 870-8624
Society for the Right to Die 250 W. 57th St.	Legal advice on creating living wills	(212) 246-6973

J. PRISONERS RESOURCES

ACLU/National Prison Project 1875 Connecticut Av. NW, Ste. 410	(202) 234-4830 Wash, DC 20009	Judy Greenspan
Correctional Association—AIDS in Prison Project; 135 East 15th Street	Advocacy and support services for prisoners with AIDS, their families	(212) 254-5700 Cathy Potler
HIV Prison AIDS Discrimination Division 52 Duane Street, NYC	HIV-related discrimination, Advocacy/Outreach/ Education for prisoners & families (Spanish, French, Farsi)	(212) 566-8974—Romeo Sanchez
Legal Aid Society, Prisoners' Rights Project 15 Park Row, 7th Fl.	Provides legal advocacy to prisoners "challenging the conditions of their confinement"	(212)577-3419 (212) 577-3530 Michelle Maxian or William Rold
Prisoners' Legal Service of NY 105 Chambers St. 5th fl.	David Leven	(212) 513-7373
PWA Prison Project, P.O.Box 300339 Denver, CO 80203	Organize and educate around prison issues, for prisoners & corrections staff; Focus on Western US	

K. HOUSING

Coalition for the Homeless AIDS Project	Assists homeless persons with HIV & those at risk of homelessness due to HIV-related illness	(212) 695-8700	M - F 9 - 6 Mr. QuinnSellars	
AIDS Resource Center	9 AM - 5 PM	(212) 481-1270		HRA/DAS referrals
Human Resource Administration		(212) 645-7070		
24 Hour Emergency Service assistance units	NYC Human Resources Administration	(212) 513-8859 (718) 237-7838 (212) 579-8406 (718) 523-5127	Manhattan Brooklyn Bronx Queens	Housing, home care eviction notice
Housing Works, Inc. 111 E. 14th St. Box 326	Diane Curtis	(212) 966-0466		
Leo House, 332 West 23rd Street New York, NY 10011	Low-cost housing for those visiting hospitalized persons	(212) 929-1010	Call for reservations	M-F 8AM-4PM

L. PERSONAL SERVICES

Association for Drug Abuse Prevention and Treatment	Ivy league buddies for hospitalized PWAs	(212) 289-1957	Maria Serrano	
AIDS Center of Hope House 19-21 Belmont, Dover NJ	Buddy support, full client services	Call for information	(201) 361-5555	M. David-Wilson
AIDS Coalition of Southern New Jersey, Camden	Buddy services, case management	Call for information	(609) 966-0330	Susan Dohanish Richard Pomelear
Becker-Parkin Dental Supply 245 7th Ave @ 24th St.	Dental Dams, $5.25 box	(212)243-6696		
Blaney and Sheskier 3 Gunther Pl., Bellmore, NY	Business and personal, accounting, tax services low cost services to PWAs and their supporters		(516) 221-5084	
East End Hope for Hospice provides services to the South Fork of LI	Providing PWAs transportation to appointments, shopping, errands & emotional support	Mon-Fri 9-5 PM	(516) 653-4200	
Global Patient Transport	portable intensive care units in any aircraft, long distance/internat'l, help with logistics,etc		(800) 535-8690	
Hospice in NJ:	Hackensack Englewood	(201) 342-7766 (201) 894-3333	NW Bergen	(201) 447-8822
Jewish Board of Family and Children's Services	Volunteer services to PWAs, friendly visitors, errands, no charge	(212) 582-9100 ext 248	Gail Winter	
Private Air Transportation	Sliding scale/free for PWAs	(212) 564-6413		Loren Sherman
Pet Owners with AIDS/ARC Resource Service (POWARS)	Complete pet care services: dog-walking, litterbox, birdcage changing; food, supplies; vet visits; etc.	sliding scale to free, depending on services	(212) 744-0842	
Make-up for KS lesions	Sliding scale		(718) 680-6224	Debra Provenzano
Monmouth Ocean AIDS Info Group, Neptune, NJ	Buddy services, education, Helpline	7-11 PM Mon - Fri	(201) 758-0077	Earle McCollough
New Jersey Buddies P.O. Box 413	Buddy services and support groups PWAs, worries well & significant others,		(201) 837-8125	Frank or Tracy

Teaneck, NJ 07666	financial advocacy			
PONY—Prostitutes of NY	"Buddy Adjuncts"	(212) 713-5678		
Sign Language Interpreter	For hospital, academic setting, social agency, etc.	(212) 639 5709	V/TDD	Joe Torres, BA,MA
Tax Return preparation	John Schumaker & Assoc, 330 E. 91st St. #6B, NYC 10128	Low/no cost to PWAs/PWARCs	(212) 722-5140 (212) 860-2193	
Transportation for medical and related appts.		(212) 787-1000 x. 8229		Nelson Moll
Upper Manhattan Task Force On Aids	Supportive Case Mgt.	(212)870-3352		
Inst. for Rational-Emotive Therapy 45 E. 65th St. 10021	Individual therapy	(212) 535-0822	Dr. Janet Wolfe, Mike Abrams	

M. OTHER RESOURCES

ADAPT 236 E. 111th St, NYC	Community outreach & presentation outreach training, educational forums and presentations	(212) 289-1957	Michael Bethea	Jose Cruz
AIDS: Resource Guide NYC	NYC Department of Health	(212) 566-7103	free	
AIDS RAP & AIDS Education Proj	Will provide artists' materials and supplies, material for recreation programs (A/V equip., blank tapes, recorders)	(212) 740-3737	Julio Dicent	
AIDS Theater Project P.O. Box 534 Old Chelsea Sta. New York, NY 10113-0534	Community Outreach; Educational Acting Troupe (all performers have AIDS, ARC, HIV)	(212) 274-8461 (212) 255-5348	Leonce Chabernaud Willy Navarro	
Brendan's Groups Trinity Methodist Church 85-08 108th St. Richmond Hill, NY	Recovering alcoholics/IVDUs HIV+ treatment programs		(718) 847-4365	
Health Support Network	For families, loved ones of inmates and and releases w/HIV/AIDS. Telephone Referrals, Helpline, Crisis Intervention, Education & Prevention Programs, Support Groups		(212)674) 3390	
People With AIDS/ARC	To talk to PWAs/PWARCs	(415) 861-7309	PST:Sat 11-5 Mon-Fri 9-6	EST: Sat 2-8 Mon-Fri 12-9
PWA Coalition	Speaker's Bureau	(212) 532-0290	Mon-Fri 9-6	John Hatchett
Project Samaritan, Inc. 1401 University Ave, Bronx	Residential drug treatment program for HIV+/PWA/ARCs	(212) 681-5623	Debra Paulsen, Eileen Robertson	
ACT-UP/NY	Meets Monday 7:30 PM at Cooper Union Great Hall	3rd Ave & E 7th St. Manhattan	(212) 564-AIDS	
ACT-UP/LI	181 Post Ave, Westbury	Meets Tue, 8 PM	(516) 338-4662	
ACT-UP/NJ	Call for meeting space	Sun, 4:00 PM	(201) 757-3306	or (201) 820-9028
Suicide counseling	Samaritans Helpline	(212) 673-3000	7 days a week	24 hrs a day
Trinity Lutheran Church 264 W. 100 St. between Amsterdam & Columbus	Adult day care program for homeless people with HIV	(212) 929-5313 (212) 222-6544	Helen Busemann	

N. HOTLINES AND PHONE NUMBERS

PWA Coalition Hotline	(212) 532-0568 1-800-828-3280	Mon-Fri 10- 6 Staffed primarily by PWAs/PWARCs
AIDS Community Services of Western New York	(716) 532-0568	Erie, Niagra, Genesee. Chautaqua, Cattaraugus, Wyoming, Orleans and Allegany Counties
AIDS Council of Northeastern NY	(518) 445-AIDS	Albany area
AIDS Related Community Services AIDS Related Comm. Svcs.	(914) 355-8888 (800) 992-1442	Westchester, Rockland, Dutchess, Orange, Putnam, Sullivan and Ulster
AIDS Rochester	(716) 232-4430	
Albert Einstein College	(212)409-9450	IV Drug Abuse Treatment
Association for Drug Abuse Prevention and Treatment	(212) 289-1957	resource specialist, provides referrals to drug treatment programs, medical services, counseling, HIV testing
Beth Israel	(212) 420-4141	For substance abusers
Body Positive	(212) 721-1346	Hotline 10AM - 6PM, Mon-Fri
Brooklyn AIDS Task Force	(718) 638-2437	Hotline 10AM - 6PM
Bronx AIDS Comm. Service Proj.	1-800-334-3477	Hotline
Central NY AIDS Task Force	(315) 475-AIDS 1-800-343-2437	Syracuse area
Counseling Services for WOMEN	(800) 322-8092	Northern NJ
GMHC	(212) 807-6655	Hotline
GMHC	(212) 807-7660	Intake Separtment/Registration
Gay and Lesbian Switchboard NY	(212) 777-1800	Noon to Midnight, 7 days a week
Gay/Lesbian Anti-Violence Project	(212) 807-0197	Hotline withcounselors for survivors of violence
Gay Men of African Descent	(212) 969-0014	Black community concerts
Hyacinth Found., NJ,Bucks Cty,PA	(800) 433-0254	Mon-Fri, 10AM - 10PM
Hatian Coalition	(718) 855-0972	Yvon Rosemond, Program Director
H.E.A.L. Mon-Fri 9AM - 5PM	(212) 674-HOPE	Hotline on altenatives and holistic therapies for AIDS
Hemophilia Foundation	(212) 682-5510	
Hispanic AIDS Forum	(212) 966-6662	Bilingual Hotline M-F 9AM - 6PM

HOTT- Health Outreach to Teens	(212) 255-1517	Mon-Thurs 7-9 PM or leave message
Long Island Assoc. for AIDS Care	(516) 385-AIDS	Nassau and Suffolk Counties
Minority Task Force on AIDS	(212) 749-2816 M-F 9AM - 6PM	Provide direct services; counseling, buddies, food, clothing, housing, education,& advocacy; English and Spanish
National AIDS Hotline	(800) 342-2437/ 24 hrs. (800) 344-7432 —Spanish	TTY/TDD for hearing impaired: 10AM - 10PM Mon- Fri 1-800-243-7889
New Jersey AIDS Helpline	(800) 763-2919	Staffed by NJ Lesbian and Gay Coalition
NJ Drug Hotline	(800) 225-0196	
NJ Home Care Council	(201) 744-5524	
NY Area Bisexual Network	(212) 459-4784	PO Box 497 Times Square Station, NYC 10108
NYC Department of Health Hotline	(718) 485-8111 (212) 645-7070	Public Assistance hotline, 9AM - 9PM HRA AIDS Service line
NYC Department of Health Community AIDS Outreach Prog. 311 Broadway 4th Fl NYC 10007 Sunny Rumsey-Ahmed, Proj. Coor.	Technical Assistance for community-based organizations; lectures in English Spanish, Creole, Chinese; workshops, Staff education	Bronx (212) 293-4815 Brooklyn (718) 574-2454,66 Queens (718) 262-5529 Manhattan (212) 360-5662 Staten Island (718) 983-4508 Asian (212) 349-3724 ext 304
NY State AIDS Hotline	1-800-462-1884	
N.Y.U. AIDS Warmline	(212) 988-5568	For Health Care Professionala
Office of Gay and Lesbian Health Concerns	(212) 988-4995, 9-5	New York City Department of Health
Pediatric and Pregnancy AIDS	Hotline: (212) 430-3333	Mon - Fri 9AM - 5PM
PONY-Prostitues of NY	(212) 713-5678	Box 1331 Old Chelsea Station, NY 10011
PWAC/LI	(516) 756-2355	Mon- Fri 10 - 6, Sat 11 - 3
Southern Tier AIDS Program	(607) 723-6520 1-800-333-0892	8 upstate counties
Staten Island AIDS Task Force	(718) HIV-CALL	Helpline for SI, bilingual, M-F 9 AM - 5PM
St. Clare's Hospital	1-800-880-AIDS	Hotline
Upper Manhattan Task Force On AIDS	(212) 870-3352	Education, hotline, newsletter, volunteer recruitment, and referral
Women's Institute for Training and Support Service	(212) 996-9426	Black community concerns
WARN Women & AIDS Resource Network	(718) 596 6007	Support groups, information, referrals

O. MEDICAL SERVICES

AIDS Assessment Program, Woodhull Medical & Mental Health Ctr	(718) 919-1200	1420 Bushwick Ave, Brooklun Albert Einstein College of Medicine
Albert Einstein AIDS Comprehensive Family Care Ctr.(children & pregnant women)	(212) 430-4227 (212) 430-2319	CeCelia or Sar 1300 Morris Park Ave, Bronx
Beth Israel Medical Ctr, 1st Ave at 16th St.	(212) 420-2620	295 Fisrt Avenue
Boriken Neighborhood Health Center 2253 3rd Ave, 3rd fl.	(212) 289-6650	HIV testing, drugs, outpatient services, transportation provided
Bronx-Lebanon Hospital Center (children and pregnant women)	(212) 588-7000 ext 667	1650 Selwyn Ave, Bronx, NY 10457
Bronx-Lebanon Hospital Ctr. (adults)	(212) 588-7700 ext 358	1276 Fulton Ave, Bronx, NY 10456
Community Health Project 208 West 13th Street	(212) 675-3559	General medical services, screening for STDs Must call for appointment
Gouverneur Hopsital, Imunology Clinic	(212) 238-7484	227 Madison Street
Infectious Disease Clinic (IDC)	(212) 420-2620	For Adult AIDS Service
Interfaith Medical and Health Center	(718) 935-7277	55 Prospect Place, Brooklyn
Jersey shore Medical Center "A-Team" 71 Davis Ave, Neptune, NJ	(201) 776-4700	HIV/AIDS Clinic, counseling and other related services for Jersey Shore area
LAMBDA Dental, 475 5th Ave, rm 1712	(212) 5458561	Sliding scale - No Medicaid; Call for appointment
Lincoln Memorial an d Medical Health Ctr.	(212) 579-4815	234 East 149th Street, Bronx, NY 10451
NY Hospital Medical Ctr. (children only)	(212) 746-5454	525 East 68th Street
My Choice Plan	1-800-336-7310	Prescriptions by mail
North Jersey Community Research Initiative	(201) 648-0350	Participating physicians and clinics serving Bergen, Essex, Hudson, Passaic, Sussex and Warren Counties, NJ, including Newark, Paterson and Jersey City
Pediatric AIDS Immunology Clinic II	(212) 420-4100	Tuesday mornings - Call for appointment
Peekskill Area Health Center 1037 Main St. Peekskill, NY 10566	(914) 739-8605 x. 309/10/11	call for info about various HIV services Theresa Whitaker, Schlomit Fufuhrer, Wilfredo Morel
Renaissance Health Care Net Syndenham, 215 W. 125th St.	(212) 932-6545	Deborah Thornhill
Ryan Community Health Center 110 West 97th Street	(212) 678-5777 (212) 316-7953 (registration info)	HIV counseling and testing, primary medical and dental care, mantal health, nutrition, gynecological & other specialists; Medicaid, some private insurances, sliding scale fees

St Clare's Hospital/Spellman Clinic	(212) 586-1500	426 West 52nd Street
Stuyvesant Polyclinic	(212) 674-0220	137 2nd Avenue (at 8th St)
Tri-State Respiratory	(201) 740-9060 (800) 637-4423 (718) 346-1772	Respiratory home care, serving NJ and NYC (5 boroughs); English, Spanish, Italian, Hebrew, Russian; all insurance
Upper Harlem Health Community Clinic 2348 7th Av/ 138th St.	(212) 234-5800	Prenatal, gyn, pediatric services, M-F 9-6, SAT 9-1
Village Nursing Home, 133 West 20th St. AIDS Day Treatment Program	(212) 633-1616	Support services and rehabilitative programs
Wyckoff Heights Hospital 374 Stockholm St, Bushwick	(718) 963-7671 English and Spanish	HIV Clinic, Fridays 1-3 PM Counseling, monitored treatment, prophylaxis, help apply for ADAP (call for appt)

P. AIDS HOSPITAL PROBLEMS

GMHC Ombudsman (Health Care Problems)	(212) 337-3500	Bob Tarbox/Catherine Daly/Warren Zeh
NY State Patient Care Investigation Unit	NYC: Outside NY:	(212) 502-0833 or 0853 (518) 486-1434
New Jersey Hyacinth Foundation	(800) 433-0254	Advocacy for clients with health care delivery problems

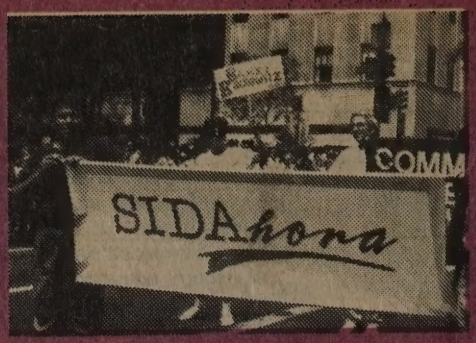
Q. ADDITIONAL RESOURCES FOR WOMEN AND CHILDREN

ACT UP/LI 669 Woodfield Rd. West Hempstead, LI	Women's alternative community center	contact Ted Oneto (516) 338-4662
Adolescent Health Center Mount Sinai Hospitral 19 East 101st Street	Individualized care for any health problem, medical-surgical services, family life education program, counseling services, GED program	For appointment call (212) 241-7214 Mon-Fri 9AM - 5PM
Albert Einstein Childrens Immunology Research Fund (Research, Education, Traeatment)	Legal assistance	(212) 986-4191 Gloria Neuwirth
Albert Einstein AIDS Comprehensive Family Care Ctr. 1300 Morris Park Ave, Bronx	Services for children & pregnant women CeCelia or Sar	(212) 430-4227 (212) 430-2319
Bronx-Lebanon Hospital Center 1650 Selwyn Ave, Bronx, NY 10457	Services for children and pregnant women	(212) 588-7000 ext 667
Carribean Women's Health Association 244 Utica Avenue, Brooklyn, NY 11213 2725 Church Av. Brooklyn	HIV+ counseling Creole, Spanish, English support group for women Sat 3-5	(718) 826-2942 Dr. Belizario Chantel Turnier
Columbia-Presbyterian Women and Children Care Center, 622 W. 168th Street	Complete health care for women and children (both pregnant and non-pregnant women)	24 hr/7 day hotline; (212) 305-3500
East Harlem Women's Network 2127 3rd Ave at 116th St.	counselling, information, referrals Drop-in office hours 9-1 Mon-Thurs	(212) 369-4211
Highbridge Community Life Center 979 Ogden Ave, Bronx	Wed 6-8PM, for all women touched by HIV/AIDS; discussion in both Spanish/English	(212) 293-4352
Hyacinth Foundation 103 Bayard Street New Brunswick, New Jersey 08901	Support grps, buddies for incarcerated women with AIDS, perinatal AIDS prevention, Women's Outreach Team, case mgt, other services	(800) 433-0254
GINA (Give Infants Needed Assistance)	Advocacy, testing, nutrition, entitlements for foster parents of HIV+ children	(718) 624-2529 Marie Usher
Legal Acton Center HIV/AIDS Legal Services Project 153 Waverly Place New York, NY 10014	Free legal services to PWA/Arcs/HIV+, especially women and children, former and current drug users; help with child care and custody problems, discrimination in getting services, health cafe, etc.	(212) 243-1313 M-F, 9AM - 5PM Ask for a paralegal
LIFEFORCE 165 Cadman Pl. E. Brooklyn	support and advocacy for women with AIDS/HIV	Michelle Futrell (718) 797-0937
Margaret Sanger Center, Planned Parenthood of NYC	No fee counseling for HIV+ women, family members and partners	Steven Dansky (212) 677-6474
Mayer-Avedon Women's Support Groups	HIV negative wives with husbands/long term partners w/ AIDS; Nominal fees	Ruth Mayer (212) 989-6649
Morris Heights Health Center	Support group for HIV+ pregnant women	(212) 716-5102 ext 315 Theresa Goldsboro
NJ Women & AIDS Network 5 Elm Row, Ste 112 New Brunswick, NJ 08901	A statewide org. bringing together people to share resources, educate thepublic, ensure that public policies address the needs and rights of women.	(201) 846-4462
North Jersey CRI Alternatives 150 W. 26th Street, NY 10001	Positive women group HIV+ Children's Care Program Programs for children's support	(201) 648-0350Northern Lights (212) 255-8879 Angela Fuchs
NYC DIH HIV Women's Support Group	at Unitarian Church, 312 Filmore Streer, SI Tuesdays, 6:30-8:30PM, child care provided	(718) 983-4531 Angela Fucci
New York Hospital Center for Special Studies 525 E. 68th St. 24th Fl.	Lesbian HIV+ support group	(212) 746-4180 Michelle Russel, MSW
NYS Domestic Violence Hotline	24 hours- 1-800-942-6906	Spanish 9AM - %PM 1-800-842-6908
Pediatric and Pregnancy AIDS Holtline	Monday-Friday 10AM - 6PM	(212) 430-3333
Planned Parenthood of Suffolk County	Individual, group counseling for women with HIV+, M-F 9 - 5; by appointment	(516) 475-5705 Barbara Mautner

Planned Parenthood-Brooklyn/Boro Hall 44 Court Street, 6th Floor	HIV+/AIDS support group for women Wednesday 6PM	(212) 677-6474 Steve Dansky
Planned Parenthood - Bronx 34 East 149th Room 609	No fee counseling for positive women, family members and partners	(212) 585-5001
Presbyterian Hospital Columbia-Presby Medical Center	outpatient care for women and children with HIV call for more information	(212) 305-5000
Positives Anonymous	groups for HIV+ women,7 days @ 12&7pm	(212) 732-6837
Sister-to-Sister Support groups in Harlem East New York, and Lower Manhattan	For black women with HIV/AIDS, taking care of someone with AIDS, or dealing w/ AIDS in any way	(718) 596-6000 Free
Ryan Community Health Center 160 West 100th Street	Teen/young adult peer education program; workshops, educatonal presentations & training sessions for women's grps, teens, agency staff	(212) 769-7228
Women & AIDS Resource Network 30 3rd Ave, Brooklyn; Ste 212	Women's support group	(718) 596-6007
Women's Network support group for	HIV+ women, call for information	(212) 645-2492 — Mindy Prager
Woman to Woman, Ryan Community Health Ctr. 110 West 97th Street	women with HIV, AIDS Thursdays, 7 PM	(212) 678-5682 J. Blair Durant

R. SUPPORT FOR PEOPLE TESTING HIV ANTIBODY POSITIVE

Assoc. for Drug Abuse Prevention & Treatment	HIV+/PWA IVDU support group (212) 289-1957	Maria Serrano; Michael Bethea
Body Positive 2095 Broadway Suite 306 (Rm 203) New York, NY 10023	Variety of services for HIV+ people, including Monthly publication Call for information	(212) 721-1346
Brooklyn Support Group Project SUNY Health Science Center	Support group for HIV+ adults, HIV+ adolescent group	(718) 270-2758 Sheila Crandles
Bronx AIDS Services 424 E. 160th St. Bronx, NY 10451	Bronx Family Center offers supportive therapy for parents testing positive; all decisions will be at mother's discretion	(212) 665-8472 Winslow McKenzie
The Hetrick-Martin Institute 401 West Street, New York, NY 10014	Confidential support for HIV+ adolescents13 - 22	(212) 633-8920 Joan Altman
HIV Testing Center 654 E. Jersey St. Elizabeth, NJ	anonymous, confidential testing pre- and post-test counseling	(201) 352-8282 12-8 PM Mon-Fri
Hyacinth Foundation 103 Bayard Street New Brunswick, NJ 08901	Variety of services for persons testing HIV+, including support grps. (HIV+ and worried well), counseling, legal assistance and other services. Anonymous.confidential HIV testing & counseling.	(800) 433-0254
Identity House, 544 6th Ave. (bet. 14th-15th Sts.)	HIV positive and worried well support groups	(212) 929-7178 — Carl
Momentum AIDS Outreach 619 Lexington Avenue	Interfaith counseling services; HIV pre/post test	Call for information (212) 268-2610
Morris Heights Family Health Center 85 West Burnside Ave, Bronx, NY 3320 Rochambeau Ave	1. Coed HIV support group Monday eve 5PM - 8PM 2. Women's HIV support group Fridays 1:30-3:30 PM	(212) 920-4280 Verna, Ruthie, Carmen or Renee
NJ Buddies	HIV helpline--info, referrals, crisis intervention, support. 6-10PM 7 days a week	(201) 837-8125
NY Area Bisexual Network	Youth for youth peer counseling and support	(212) 459-4784
Ossining Open Door	Family health center; free/confidential HIV test & counselling; outreach, education, primary care for positives; casemanagement and support	(914) 941-1263 Sharon Lavery, RN.
Positive Action NY 371 6th Ave, NY, NY	Peer support groups for HIV+ people and partners, friends and families	(212) 727-7768
Positives Anonymous	groups for HIV+ women,7 days @ 12&7pm	(212) 732-6837
PWA coalition of Long Island	HIV+ support groups, Nassau & Suffolk counties	(516) 756-2355
SAGE+, meets at the Lesbian & Gay community Center, 208 West 13th Street	Peer support groups for HIV+ people 50 and over, every Tuesday 6:00 PM; Lovers, carepartners, families, Sat 11AM	(212) 741-2247 Arlene Kochman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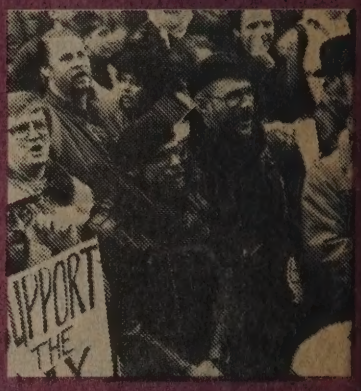
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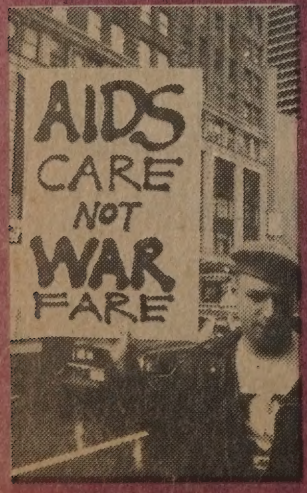
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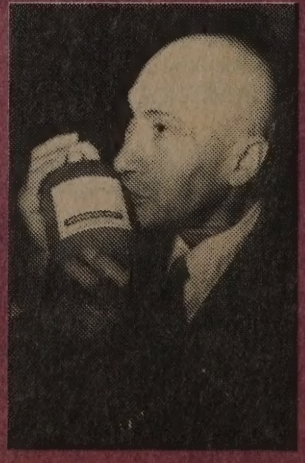

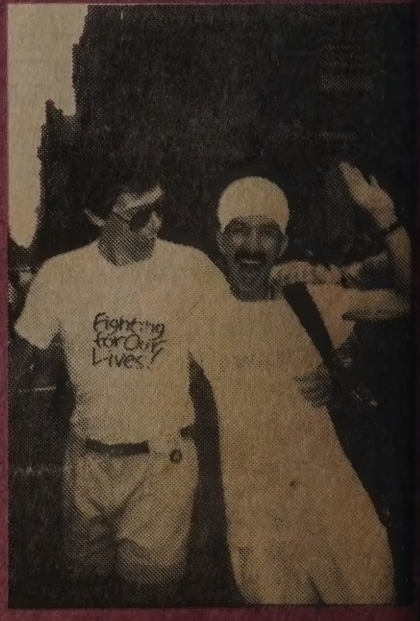
Fighting for Our Lives!